M

	.0	9
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia	page 3 shauld be detached for use as the burial-tronsit permit. Then please remave a
	P.	em.
	fing	Se
	lend	ole
	at	u L
	the	H
	þ	<u>:</u>
	ped	Er.
-	sign	d.
cial	en	Suc
nysi	pe s	+
9 6	ha	uria
din	ate	e p
ten	HFic	÷
I a	Cer	e di
0	h:s	O.S.
pite	er	Š
hos	Aff	hed
h	J.R.	tac
Py	5	de
eq	IRE	pe .
ain.	0	olo
re	RA	sho
be	Z	e 3
nay	3	Spo
_	0	-

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
----------	------------------	-------------------------

0665 CERTIFICATE OF DEATH

Reg. Dist. 00622

1.	PLACE OF DEATH a. COUNTY	MARYLAND		USUAL RESIDENCE (Whe		d lived. If instituti	-			ion)
_	Frederick		-	Marylan			Fred	0000	744	
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	2	1,	c. CITY OR TOWN (If or Frederi		orate limits, write l	RURAL and	give neo	rest town	1)
-	d. NAME OF HOSPITAL (If not in hospital, give str.	mos	1//	d. STREET ADDRESS	LCK				e. IS RES	IDENICE
	OR INSTITUTION	cer dudress)	1						ON A	FARM?
	Riggs Hospital			312 North	1 Coll	lege Park	way		YES _	NO D
3.	NAME OF DECEASED (Type or print)  Dessie	Middle	Ada	Last m.S.	4. DATE OF DEATH	Jan		30 Da		Year 19 60
5.	SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	200	ATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.
	The a second	OWED DIVORCED	M	arch 31 1	880	lost birthday) 70 yrs.	Months	Doys	Hours	Min.
10	a. USUAL OCCUPATION (Give kind of work done 1	06. KIND OF BUSINESS OR INDI	JSTRY	11. BIRTHPLACE (State of	or foreign c	ountry)	12. CIT	IZEN OF	WHATC	OUNTRY?
	during most of working life, even if retired)	Housewife		Maryland	9			II.S	.A.	
13.	FATHER'S NAME	11000000	114	. MOTHER'S MAIDEN N				000		
	John Eyler			Lydia Ha						
	. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFO	MANT		Add	iress			
{Y	es, no, or unknown) (If yes, give war ar dates of service)	None M	frs	John H. Le	entz-2	207 Dill	Ave	Fred	lerio	ck-Md
	1B. CAUSE OF DEATH [Enter only one cause pe	r line for (a), (b), and (c).					7	INTE	RVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY:	Cerebral Thro	mh	ogia				ONS	ET AND	DEATH
	332 X DUE TO	ooroorar mit		0212			1 1 1	13	day	S
	2000	Comphan 7 A 1								
	Conditions, if ony, which gave rise to immediate (b)	Cerebral Art	er	loscleros	18			- Ur	ikno	WIT
	cause (o), stoting the under-									
_	lying couse lost.									
0	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	TNOI	RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED?
A									YES 🗌	NO 🔀
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (E	nter noture of injury in P	ort I ar Par	rt II of item 1B.)				
AL	20c. TIME OF INJURY Month, Doy, Year 20c	I. INJURY OCCURRED 20e. P	LACE	OF INJURY (Hame, farm,	, 20f. (City	y or town)	(	County)		(State)
MEDICAL	Haur o. m. 19 Wh	nile Nat while fr	actory,	street, affice bldg., etc.	)					
_	21. I certify that I attended the dece	37		, 19.59, to_J	on 30	106	Ohat Lle	act can	, the d	locagead
	T' 00	-	h ~~	curred at 11						
П	diffe diff	, and mai dear	n ac			irreel, city or town		e dale		E SIGNED
	ACTUAL 1	1. 1.		pm '	ADDRESS (S	moet, city of town,	, siole,	T		,
	SIGNATURE	10/MILL	M.O.					Jan	-31	_60
	PHYSICIAN'S V Joseph Len	ner		Ijamsvil	]1	4d				
22	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CR		22d. LOCA	TION (City, town,	or county)	11111	(Stot	(e)
1	REMOVAL (Specify) Entombment Feb. 2-1960	Rrederick Me	em .	Cloister	W. Of	Frederi	ck- 1	arv	land	
	FUNERAL DIRECTOR'S SIGNATURE Dailey's Funeral Home	ADDRESS Frederick-		vland 240. REC'E	BY REGIS	TRAR 24b. REG	ISTRAR'S SI		25	100
-	By E. J. Whitmore			DATE	*					

		ADMINIST CERMINA
a transfer	and red	
	The Solm hers	Tong Live Tong Live To
The Taxable of	Les alles no sol all	The second second
ol.		
	August 1	
	Secret +400	
BYID FOR ELLER		Service to the large state of th
	- by a lavared	And the second s
- 1 - 1 - n m		
	The party bushes	AT - Caretarda esta francia esta della

# with the tegistrar within 72 hours after death. After this illed in by the funeral director, the third copy of this TO FUNERAL DIRECTOR: The law requires that the death certificate be filed will certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit perhit.

A15C 1-55 10M"

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DECE

00623

Reg. Dist. No.....

# CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY FREDERICK MAR	YLAND	STATE MAR	VLAND COUNTY	EPEN	ERINK
CITY (If outside corporete limits, write RURAL   LENGTH	OF STAY	CITY (If outside corp.	orate limits, write RURAL e	and give neerest to	own)
OR end give nearest town) TOWN WOODS BORO YES	nis pleca)	OR TOWN			
HOSPITAL OR	7153	STREET	US BORO		
INSTITUTION OR		/ ADDRESS	(If rurel gi	ve locetion)	
STREET ADDRESS MAIN SI		1 /1/1	111 51		
3. NAME OF (First) (Middle) DECEASED	(	Last)	4. DATE (Mo	nth) (De	y) (Year)
(Typa or Print) WILLIAM HENRY	ADAI	M 5.	DEATH T	AN 1	4 1960
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF E	BIRTH	9. AGE lest birthdey	IF UNDER 1 YE	
(Specify)	MAR	7-1872	87 yrs.	Months Da	ys Hours Min.
10e. USUAL OCCUPATION (Giva kind of work   10b. KIND OF BUSII	NESS 11.	BIRTHPLACE (State or fore	0/		TIZEN OF WHAT
done during most of working life, even If OR INDUSTRY retired)	PM	MARILIA	1/1		OUNTRY?
13. FATHER'S NAME	7//	14. MOTHER'S MAIDEN	NAME		451
WILLIAM ADAME		Tank/A/A	( bin	1	
- WILLIMI 19 017113		NOHIVIYA	(JK11)	152	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yes, no, or unk.) (If Yes, give wer or dates of service)	ECURITY NO.	17. INFORMANT &	ADDRESS		
NO 219-12.	0244	MOLLIE	ADAMS 1	WOODS,	BORO
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	IEDICAL CERTI	FICATION			INTERVAL BETWEEN ONSET AND DEATH
11991	2. 400	1 - 1.	1. 1.	3000	ONSEI AND DEATH
IMMEDIATE CAUSE (A)	VOCA NOW	the of a high	Man W		Marie
ANTECEDENT CAUSE(S) DUE TO	Alex I ha	+ 1	1.0-1-1-		8 month
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Car of Many	MANAGER OF	incres cours	4 4	O MINEROLL
STATING UNDERLYING CAUSE LAST. DUE TO	relevan	Cardeovere	when dere	4.4	5 glur
TO THE DEATH BUT NOT RELATED TO THE	9 1	-			201
DISEASE OR CONDITION CAUSING DEATH.	under				Lucke
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT	ION				20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, fee	tory   21c	WHERE DID INJURY OCCU	D 2 (City - A )	15 1)	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.,	etc.)	WILKE DID INJOKT OCCU	KT (City of town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 21e. INJURY Of	CCURRED   21f	. HOW DID INJURY OCCU	IR?		
M. at work	Not while at work				
		10 58 . 11	113 40 / 0		
22. I hereby certify that I attended the deceased from					
alive on, 19, and that dea	th occurred at				
Signature .		11100	RESS (Street, city, tow	n, state)	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME (	M.D.	Vickener	ANILLE M		114-1100
REMOVAL (SPECIFY)	OF CEMETERY OR CR	EMATORY	LOCATION (City, tow	n, or county)	(State)
BURIAL 1/16/60 191	HOPE		WOODSB	CATO	1110
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE THE	III ADDI	RESS
DATE JAN 20'60 Chilwa S. France	1	Myron C My	Dill Ill	months In	A 1
		- Jack	The state of the s	2 2 -2-4-11 (2	

ST REGISTERS BY LESS SO THE MYRANGE STATE THAT VEHICLE CERTIFICATE OF DEATH 12 13 2 18 THE PERSON OF TH NOISE CONTRACTOR OF THE PARTY OF The state of the s Company to the second

eath. Page 4

NDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0623 **CERTIFICATE OF DEATH**  00624

Reg. Dist. No.

)	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceased liv Land		on: Residence before Frederic	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	Since 1954		(If outside corporate	limits, write R	URAL ond give ne	arest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street of NSJITUTION 140 Fairview Avenue	oddress)	d. STREET ADDRES	s Fairview	Avenue		e, IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) CATHERINE	Middle FLORENCE	ALEXANDER	4. DATE OF DEATH	Mon	January	
	5. SEX   6. COLOR OR RACE   7. MARRI   Female   White   WIDOWEI	100	B. DATE OF BIRTH  9 Feb 1895		AGE (In years last birthdoy) DU. yrs.	Months Doys	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)  House-work	KIND OF BUSINESS OR INDUS		own, Mary		12. CITIZEN O	F WHAT COUNTRY?
	13. FATHER'S NAME Eugene A. Alexander		14. MOTHER'S MAID				
\	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war ar dates of service)		nformant iss Anna D.	Alexander	Add Same		#1)
)	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  153.3 DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under.  DUE TO	e for (o), (b), and (c).] meralized ( lenocuring	ma of	rigmois	I Col		ERVAL BETWEEN SET AND DEATH
0	Iying couse lost.   (c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE C	ONDITION GIV	VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injur	y in Port I or Port II	of item 1B.)		
	Hour o. m. While		ACE OF INJURY (Home, ctory, street, office bldg.		town)	(County	) (Stote
1	21. I certify that I attended the decease alive an	20, and that death	accurred at 11:	ADDRESS (Street urch St.	e causes ar	nd an the dat , stote)	
	220. BURIAL, CREMATION, 22b. DATE THEREOF Entonoment 1–13–60	22c. NAME OF CEMETERY OF Shank Mausol			N (City, town,	or county) Maryland	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison and Son, F	ADDRESS Frederick, Mar	braland	REC'D BY REGISTRA		ISTRAR'S SIGNATURY & KNAME	JRE

BY STOCKED BY SECURITY OF THE STOCKED STOCKED

And the second of the second o

en de mante de la fille autocada élement despertins de

of the state of th

manyer, and the second of the

I. . . (العدم العالم الله الإيطار الأل المدر المناه ا

DATE

C. Plus & Kines

VS A15 (4) 15M 9/5B

spielechest budys et Line Libertainer L. . M. C. Committee and the second committee of the second commi the time and a second and the second Part 1981-01 Titl Tuttle Deligation of war Majora D. Agreen . Company of the co M. Dene ... Chestles E. Laguar 245 Canter Di. Fred. 3 . But and the state of the contract of the con The contract of the contract o R.

M

VS A1S (4) 1SM 9/5B

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

CERTIFICATE OF DEATH

00626

NAME OF CHARGO   STATE   Month   Day   D		0.6	20.00	CLICITIO	712 OI DE/	****		Reg. Dist. No	o	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest low RURAL And give nearest	a. COUNTY	derick	100	MARYLAND	a. STATE					ion)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  J. NAME OF HOSPITAL (If not in hospital street oddress)  J. NAME OF HOSPITAL (If not in hospital street oddress)  J. NAME OF HOSPITAL (If not in hospital street oddress)  J. NAME OF HOSPITAL (If not in hospital street oddress)  J. NAME OF HOSPITAL (If not in hospital street oddress)  J. NAME OF HOSPITAL (If not in hospital street oddress)  J. NAME OF HOSPITAL (If not in hospital street oddress)  J. NAME OF HOSPITAL (If not in hospital street oddress)  J. NAME OF HOSPITAL (If not in hospital street oddress)  J. NAME OF HOSPITAL (	b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, eorest town)			c. CITY OR TOW	N (If outside corpor				n)
DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  10. DIVORCED  10. DIVORCED  11. BRATE OF BIRTH  9. AGE (In year)  10. JET 11. BRATE OF BIRTH  9. AGE (In year)  10. JET 11. BRATE OF BIRTH  9. AGE (In year)  10. JET 11. BRATE OF BIRTH  9. AGE (In year)  10. JET 11. BRATE OF BIRTH  9. AGE (In year)  10. JET 11. BRATE OF BIRTH  9. AGE (In year)  10. JET 11. BRATE OF BIRTH  9. AGE (In year)  10. JET 11. BRATE OF BIRTH  9. AGE (In year)  10. JET 11. BRATE OF BIRTH  9. AGE (In year)  10. JET 11. BRATE OF BIRTH  9. AGE (In year)  10. JET 11. BRATE OF BIRTH  9. AGE (In year)  10. JET 11. BRATE OF BIRTH  9. AGE (In year)  10. JET 11. BRATE OF BIRTH  9. AGE (In year)  10. JET 11. BRATE OF BIRTH  9. AGE (In year)  10. JET 11. BRATE OF BIRTH  9. AGE (In year)  11. MOTHER'S MAIDEN NAME  12. CITIZEN OF WHAT COUNTY  12. CITIZEN OF WHAT COUNTY  13. FATHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  SATAH BISHEY  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. MARRIED DIVING NAME  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY  19. DET TO  10. JET 11. BRATE OF JET 12. BRATE OF J	d. NAME OF HOSPIT			e			Vn		ON A	FARM?
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   Spot   17, 1875   Satisfy   1875   Not provided by the provided by t	DECEASED			_		OF	_	_	-/	Year
Too. USIAL OCCUPATION (Give kind of work done done during most of working life, even if retired)   Dib. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHATCH HOUSEWOPK   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   16. MOTHER'S MAIDEN NAME   18. CAUSE OF DEATH   Inter only one couse per line for (o), (b), gnd (c).   PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)   DUE TO   DUE TO   Conditions, if any, which gove rise to immediate couse (o), stating the under lying couse lost.   Conditions   Contribution					T -					1960 ER 24 HR
HOUSEWORK   Own home   Maryland   U.S.A.							lost birthdoy)			Min.
13. FATHER'S NAME     14. MOTHER'S MAIDEN NAME     15. MAIDEN NAME     16. SOCIAL SECURITY NO.	during most of worl	king life, even if retired)					ountry)		OF WHAT	OUNTRY
William A. Naill  Sarah Bushey  IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. INFORMANT Address or or define of service)  NO (If yes, give wor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If yes, give yor or define of service)  NO (If y		<u> </u>	lown ho	me				U.S.	A	
S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   NO.   NO.   Mr.   Jones O.   Baker Taneytown   Maryland R.   INTERVAL BE   INTERVA	IS. FATHER'S NAME				14. MOTHER 5 MAI	DEN NAME				
Table   Country   Countr	William	A. Naill			Sarah	Bushev				-
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate cause (o), stating the underly lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS PERFO YES  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]  200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED while of work of work of twork of the causes and an the date stated alive an 19. 19. 79., and that death accurred at ADDRESS (Styeet, city or town, state)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. DATE THEREOF 22c. NAME OF CEMATORY 22d. LOCATION (City, town, or county) (States)  221. I CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMATORY 22d. LOCATION (City, town, or county) (States)  PHYSICIAN'S NAME (Type)	IS. WAS DECEASED EVE	R IN U. S. ARMED FORCE:	S? 16. SOCIAL S	ECURITY NO.	INFORMANT		Addr	ess		
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)   Use to		(ir yes, give war or bares or service		. 1	In Tonos O	Rolean	Tonorston	m Manuel	G bac	42
20c. TIME OF INJURY Month, Doy, Year 19 20d. INJURY OCCURRED While at work at	Conditions, if a gove rise to i cause (o), stating lying cause last.	DUE TO  ny, which the under-  DUE TO  DUE TO  (c)	arter	w Qul	erote Ca				end y	KHI
20c. TIME OF INJURY Month, Doy, Year 19 20d. INJURY OCCURRED While at work at	OTATION OF					- 4 6		EN IN PART ((u)	PERFC	DRMED?
21. I certify that I attended the deceased from.  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMATION, REMOVAL (Specify)  22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county)  (Statement)  22d. LOCATION (City, town, or county)  (Statement)  22d. LOCATION (City, town, or county)	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	b. DESCRIBE HO	W INJURY OCCURR	ED. (Enter nature of inju	ury in Part I or Part	t II of item 1B.)			
alive an 19.39, and that death accurred at 30 M, fram the causes and an the date stated ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMATION, REMOVAL (Specify)  22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county)  (State Removal (Specify)	20c. TIME OF INJUR Hour a. m. p. m.		While Not	while f			ar town)	(County	')	(Stote
22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Statement of the county) (Statement of the county) (Statement of the county) (Statement of the county)	alive anACTUAL SIGNATURE PHYSICIAN'S	at I attended the d	eceased from		h accurred at		the causes an	d an the dat	e state	
Burial Jan 4, 1960 Lutheran Cemetery Taneytown, Maryland	22a. BURIAL, CREMATIC					3.4			(Sta	te)
23. FUNERAL DIRECTOR'S SIGNATURE 77 ADDRESS 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		'S SIGNATURE 17	ADI						URE	
C.O. First & Son, Taneytown, Maryland DATE AN 5 '60 arthur & Kraus	mereu.	ely) Ctust						1 - 0 4		

refrance to a continued to the contract and when the same that the same of the sam The state of the s in from a man of the state of t

IAN 26'60

DATE

arthur & Krays

VS A15 (4) 15M 9/55

death.

after

certificote

oneu - S		NT.OF HEALTH	D STATE DEPARTME		
		HE OF DEATH	ADRITRED		
			mahar)		
	3 quere	is -			
		no 124	ly		
		1	day -		
		2/3/	161-0,5.		
				The street of th	
	The state of the state				
and the second second				control with Land steel	
				September 11 Septe	
		Call act III			
				Control of the State of the Sta	

# FOR STATE HEALTH DEPT.

ory, please . Page files. of Health,

69

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certife, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral difference 4 should be form.

4 should be form and the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, crematian, or removal, and in any prent within 72 hours after death.

VS. A15ME 5M 2/57

2

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00628

							Mag. Dist. 14	٠.
o. COUNTY Fre	ederick	062	MARYLAND	2. USUAL RESIDENCE O. STATE Maj	E (Where dece	osed lived. If institution b. COUNT		
Frederic	(If outside corporate limits, write on)	RURAL	c. LENGTH OF STAY IN 16 Hours	-		rporote limits, write Rural RD	415	nearest lawn)
	Memorial He			d. STREET ADDRE		railer Co	urt	e. IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print)	First PAUL		Middle F•	BERRY	4. DATE OF DEATH	Mont Ja	/	Year 19 60
5. SEX			-	DATE OF BIRTH	207	9. AGE (In years lost birthday)		IF UNDER 24 HRS
Male	White	WIDOWE		26 July 19		32 yrs.		
during most of work Enstallin	ION (Give kind of work ding life, even if retired)  Ig Engineer	ene 10b. K	ind of Business or Industraction Co.	Jamest	State or foreign	Y.	USA	F WHAT COUNTRY
13. FATHER'S NAME	2 (0-5) (2			14. MOTHER'S MAID		793		
Benjamin	H. Berry			Winifre	ed McCa	lpin		
15. WAS DECEASED E	VER IN U. S. ARMED FOR	lantural		FORMANT  Nell J.	Berry	(Same as		
976 X Conditions, if gove rise to imm (0), stoling the cause lost.	underlying DUE TO		runshot C	Nound	3/1-	seol		(6 thm
CATIO		IIIONS CC	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE Y	ERMINAL DISEA	SE CONDITION GI		PERFORMED? YES NO
	AUSE WAS ONTRIBUTING   20t	DESCRIBI	HOW INJURY OCCURRED. (E)	nter noture of injury in	Port I or Port	0.	e	
20c. TIME OF INJ	Day 24 1	A While	NJURY OCCURRED 20e. PLACE Foctor	E OF INJURY (Home, iry, street, office bldg.,	form, 20f. (Ci	ederich	(County) RR.	Med (Stote)
			remains described abar causes [], Accident [		, , ,	Inspection [] e [], Undete	, Inquiry [	, and in my er
ACTUAL SIGNATURE	arriers	· Ol	romos,	_ M.U.	AL EXAMINER [			DATE SIGNED
EXAMINER'S NAME (Type)	James B. The	omas,	M. D.		CAL EXAMINER	Par.	25 Jan	n 1960
220. BURIAL CRAMAT REMOVAL (SPECIAL Removal	1-20-00	•	22c. NAME OF CEMETERY OR	CREMATORY		ATION (City, fown, estown, N		(State)
23. FUNERAL DIRECTO	echison & Soi	ı, Fr	ederick, Maryla	and	REC'D BY REGI		ISTRAR'S SIGNATU	

BEOLES THE WHITE WAS A COURT OF THE PARTY OF THE PART THE SE LET SE SO CONTROL OF SEC. 15. . C. of the control o 

VS A15 (4) 15M 9/5B

	X	
Gred with	M)	

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

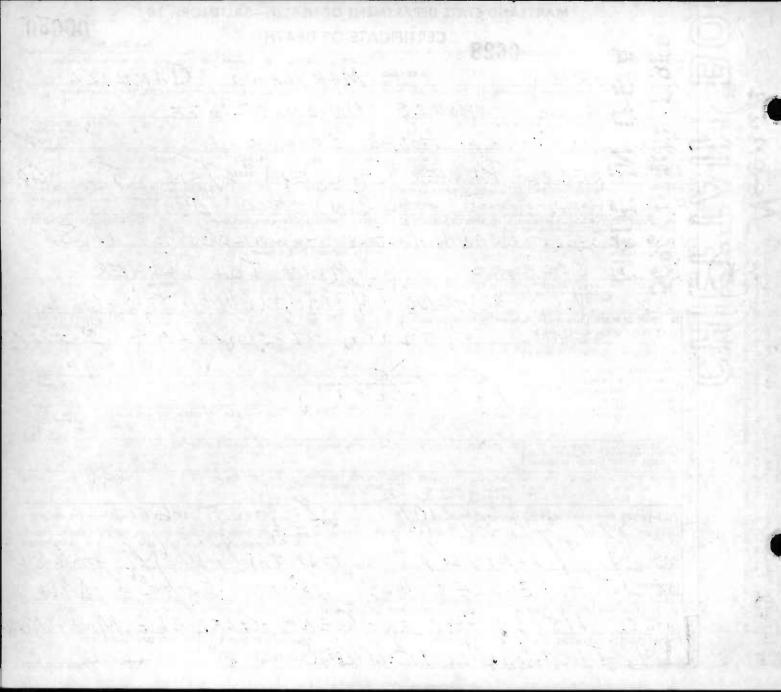
**CERTIFICATE OF DEATH** 

00629

Reg. Dist. No.

		71.41.	7							
1. PLACE OF DEATH 0. COUNTY Fre	derick	306	MARYL	AND 2.	usual residence (W	/here decease		reder:		ssion)
b. CITY OR TOWN RURAL and give r Frederic	(If outside corporate lim nearest town) K	its, write	c. LENGTH OF STAY IT	N 1b	c. CITY OR TOWN (IF Freder		prote limits, write RI	URAL ond give i	nearest tav	vn)
d. NAME OF HOSPI OR INSTITUTION Frederic	K Memorial	Hosp:	address) ital		d. STREET ADDRESS East	L3th St	treet	1.43	e. IS RE ON, YES	FARM?
3. NAME OF DECEASED (Type or print)	RUDOI		Middle ELSTON	CA	VELL	4. DATE OF DEATH	Mon Ja		Day 23,	Year 19 60
s. sex	6. COLOR OR RACE White	7. MARR	NEVER MARRIED  DIVORCED		ATE OF BIRTH	7	9. AGE (In years last birthday) yrs.	Months Day	_	
during most of wo Farmer	ION (Give kind af wark rking life, even if retired	dane 10b.	kind of Business or arm Tenant	INDUSTRY	11. BIRTHPLACE (Stort	e or foreign o	country)	USA	OF WHAT	COUNTRY
3. FATHER'S NAME Norman	Cavell			14	Nellie F					
(Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of		social security NO. 19-36-4436		Ruth N. Ca	avell	(Same as		)	3117
Canditions, if gave rise to couse (a), stating lying couse last  PART II. OT	the under-	c)	CONTRIBUTING TO DEA		RELATED TO THE TERM			EN IN PART 1(a	PERF	ORMED?
PART II. OT	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture of injury in	Part I or Por	rt II of item 1B.)		TES L	□ № 🔼
_	RY Month, Doy, Ye	ear 20d. II			OF INJURY (Home, far street, office bldg., e		y ar town)	(Count	ty)	(Stote
actual SIGNATURE	hat I attended the	, 12.6 	ed fram 1 = 4 0, and that of		curred of 10 A  220 N. Ma	_M, fram ADDRESS (S	the causes an street, city or town,	d an the do	ate state	ed abave
22a. BURIAL, CREMATION OF THE SEMOYAL Specify	22b. DATE THEREO	OF	Mount Oli				TION (City, town, oderick, M			ate)
23. EUNERAL DIRECTO	R'S SIGNATURE Chison & Son	n, Fr	ederick, Ma	rylan	240. REG	D BY REGIS		STRAR'S SIGNA		

\$0.50 To 10.00 To 10. The state of the s after the property and the first NATIONAL CONTRACTOR THE RESERVE OF THE PARTY OF THE 1 : Barrier - B \* F. A MINI \* MOSS Sentence of the sentence of th The Lamb , the service was a service with a



ERTIE	ICAT	OF	DEA	TH
EKIIF	ICAIL	C	DEP	۱ПП

00631

1162	G GERTHIO	TIE OF BEATH	Reg. Di	st. No.
1. PLACE OF DEATH  o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where of STATE aryland	deceased lived. If institution: Residen b. COUNTY Mon-	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		e corporate limits, write RURAL and	
RURAL and give nearest town) Frederick	Three weeks		sville 15×	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Frederick Memorial Hospi	tal			YES NO
3. NAME OF DECEASED (Type or print) The First Tell	H Middle	hiswell	DATE Month OF DEATH	Doy Year 29 1960
		B. DATE OF BIRTH	9. AGE (In years IF UNDER Months)	Days Hours Min.
Female White WIDOWE		July-3-1874	Q5 yrs.	
00. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSE KEEDET—TOT SE	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fo	reign country) 12. CIT	U.S
13. FATHER'S NAME	( <del></del>	14. MOTHER'S MAIDEN NAME		0.0
Aaron Hersberger		Hester Whi	ממ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
[Yes, no, or unknown)   (If yes, give wor or dates of service)		s Newton Brewer	Barnesville, Md	
18. CAUSE OF DEATH [Enter only one couse per lip	enfor (o), (b), and (c);] /			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	erebral Va	emm hace		3 weeks
33/X DUE TO	/i -:	/ ,		9
Conditions, if ony, which ) (b)	Orterio	o cheroses		
gove rise to immediate OUE TO	!			
lying cause lost.				ALTERNAL PROPERTY.
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAR	1 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED	). (Enter noture of injury in Port I	ar Part It of item 18.)	
Hour o.m. While	UURY OCCURRED Not while foc	CE OF INJURY (Home, farm, 120 tory, street, office bldg., etc.)	Of. (City or town)	County) (State)
21. I certify that I attended the decease	ed from Jan 8	, 1960, to	~ 29 , 1960, that I	last saw the decease
alive on 29 196	and that death		, from the causes and on the	
11/1/15	7	ADDI	RESS (Street, city or town, stote)	DATE SIGNE
ACTUAL	Tearre,	NO. Treder	is had	129/60
SIGNATURE				/ / /
PHYSICIAN'S NAME (Type) A.A. Pearre				
PHYSICIAN'S NAME (Type)  A. A. Pearre  220. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY 22d.	LOCATION (City, town, or county)	(State)
PHYSICIAN'S NAME (Type)  A. A. Pearre  220. BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF MODOCACY ADDRESS	R CREMATORY 22d.	Beallsville, Md	

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the profiled with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 VS A15 (4) 15M 9/55

069

SATURATION STATES OF THE STATE	ACOD CERTIFICAL	
表现的		
The state of the s		
		And I would be
		100 FEB. 2010 100
		्रावसी अस्यत्याः -गावसी अस्यत्याः
		Control of the Contro
The Section of the Se	or officials attack when by a second of the second	
		A PARTIE
The second of th		and at the second of the secon
manual Frederical and Salitable record to		

VS A15 (4) 15M 9/5S

00632

CERTIFICATE OF DEATH

		1551	CLIVI		TIL OI	<b>PLA</b> 11	•		Reg. Dist	No.	
1, PLACE OF DEATH a. COUNTY	FRED	ERICK	MAR	YLAND	2. USUAL RES a. STATE	MARY L		b. COUN		e before admi	ssion)
b. CITY OR TOWN (III RURAL and give ne FREDERIC		its, write	c. LENGTH OF STAY	IN 16	11	TOWN (IF o		rate limits, write	RURAL and gi	ive nearest to	vn)
OR INSTITUTION	AL (If not in hospital, of MEMORIAL)				d. STREET	ADDRESS PREDER	ICK.	MARYLA	ND.	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fi	s ISCIL	Middle LA. DEUEL		COMPTON		4. DATE OF DEATH	Jan.	onth	Day	Year 19 60
5. SEX Female	6. COLOR OR RACE White	7. MARR	DIVORCE		May 30		0	9. AGE (In year last birthday 79 year)	) Months	Days Hours	
10a. USUAL OCCUPATIOn during most of work Retired he	ing life, even if retired	)	kind of Business of Retirement			ton Ce		N. Y.		ZEN OF WHA	T COUNTRY
13. FATHER'S NAME	Desirent				14. MOTHER		IAME EAD				
JANES  1S. WAS DECEASED EVER (Yes, no. or unknown) NO	DEUELS R IN U. S. ARMED FOR If yes, give wor or dotes of o	CES? 16.	SOCIAL SECURITY NO		NFORMANT RS. TED		BERGM	/-1	ddress	gs Ave	Frede
	TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO		erebro - i	Vas	cular Apr	Acc:	dent	St C		INTERVAL I ONSET AN	BETWEEN D DEATH
gave rise to it couse (a), stating lying couse last.	the <u>under-</u>	:)									
ICATIC	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DE	EATH BUT	NOI KELATED II	O THE TERMI	NAL DISEAS	ECONDITION	SIVEN IN PAKI	PERF	ORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRE	D. (Enter nature	of injury in I	Port I ar Par	t II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While at wor	NJURY OCCURRED  Not while  of work		ACE OF INJURY story, street, office			or town)	(Ca	ounty)	(State)
21. I certify the alive on	at I attended the			25 t death	occurred at			n the causes treet, city or tow		e date sta	
PHYSICIAN'S NAME (Type)	N. 122b. DATE THERE	C.	REVALUE 22c. NAME OF CEA		P CREMATORY	FRE		TION (City, town	10.		
REMOVAL (Specify)	Jan. 31			NETEKT O	K CKEMATORT		Weed	sport, 1	lew Yor	k	ate)
DATIEY'S F	Y MUCER	Key	ADDRESS REDERICK.	MAR	YLAND		D BY REGIST		GISTRAR'S SIG		

Liber Bi anomina				
	HTARO FOLET			
		and the same		m 5 8 4
			Marin State of the	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	[4] <u>-</u> (	Clause Profession		
* * * * * * * * * * * * * * * * * * *	rivar arvest	the wall as	The second	SOIL SOIL
	name Harville		West as est :	2.00
,u, all, high km. non	eni a sener an			011
	LLEA LIE			
		min curso na C	7.11	
			Oracle American	
			\$G. ***	
	I A Les lo beneros		ents an extend I son an extend	
	100			
	A CONTRACTOR OF THE CONTRACTOR			(Carly Michigan
5,120,400, 60,154,400,			it eller	TANK I
				1

MTARG 90 ST	ADDITION OF THE CERTIFICA
See Do an Agricult In the 20th of the See of the Africa. Africa.  See the late of the first of the Africa of the A	
THE RESERVE SHEET AND ADDRESS OF THE PARTY O	PARTIES -
omons	AMERICA STORY OF THE SAME AND A PROPERTY OF THE
The second of th	Anterior a service a service a service a

06

I

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Pag Dist No 00634

			002	O CERTI	IICA	ir oi r				Reg. D	ist. No.	00	00%
1.	o. COUNTY Fred	erick	<del>000</del>	MARY	- 11	- CTATE .	ence (whe		d lived. If institut b. COUNTY	ion: Reside	nce before lerick	admissi	ion)
	b. CITY OR TOWN (I RURAL and give no Frederic	Foutside carporate limi carest town)	ls, write	Since 190	.	_	own (if o		rate limits, write	RURAL ond	give near	est lawn	)
	d. NAME OF HOSPIT OR INSTITUTION Frederic	At (If not in hospitol, g k Memorial	ive street Hosp	oddress)		d. STREET A		rroll	Parkway				DENCE FARM? NO (A)
3.	NAME OF DECEASED (Type ar print)	Fir LLOY		CLAYTON		CULLER		4. DATE OF DEATH	<sub>Mo</sub> Janu		00y 6,		reor 19 60
5.	Male	6. COLOR OR RACE White	7. MARR	NEVER MARRI	ED   8.	DATE OF BIRTH			9. AGE (In years lost birthday) yrs	Months	R 1 YEAR I	F UNDE Havrs	R 24 HRS. Min.
	during mast af work	ON (Give kind of work ing life, even if retired actoring &					land	or foreign c	ountry)	12. C	TIZEN OF	WHAT	COUNTRY?
13	. FATHER'S NAME					14. MOTHER'S						1	
	Philip H.	Culler				Ann	R. Di	xon					
15 (Y		R IN U. S. ARMED FOR (If yes, give wor or dates of a		SOCIAL SECURITY NO 217-32-5266		• Julia	к. с	uller	(Same a	ress s ite	m #2)		
			0	ne far (a). (b), and (c). ente Co	nge	xile xile	ga	ilu otis	rl n		ONSE	TAND TAND	TWEEN DEATH OLLS
	cause (a), stating lying cause last.	the <u>under-</u> DUE TO	, Wr	Ilrio-	Sel	crote	ci	hea	Adi	4	13	59	っさ
CERTIFICATION	PART II. OTH	LER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GI	VEN IN PA		PERFO	RMED?
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature o	f injury in F	art 1 ar Par	t II of item 1B.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye 19	While at wor	NJURY OCCURRED  Nat while at work	20e. PLAC facto	E OF INJURY (I ry, street, affice	Home, form bldg., etc.	20f. (City	ar tawn)		(County)		(State)
	actual SIGNATURE	harles H.	12	o. O., and that	A.	o. 228 N		ket S	n the causes treet, city or lawn	and an	last sav the date	state DA	TIE SIGNED
27	BURIAL, CREMATIO	1-9-60	F	St. Luke					TION (City, town.	_		(State	e)
23	M. R. Etc	s signature hison & Sor	ı, Fr	ederick, M	aryla	nd	24a. REC'J	PARK REGIST	PAR 24b. REG	ISTRAR'S S	S. Kra	u4	

TE OF SEATH	
La indicate and the latest the second	contrain in Tracks of the contraint of t
	A M MI DATE TO A STREET THE TOTAL OF
	And invest Andress of the United
TINE 1	The state of the s
TOOK MADE Y	
	americana particular a universidad de la tra-
No. 22 April 1	total should
A July 20 100 ages, parties at grant a	PS 1898 25 25 25

VS. A15ME(S)

5M 9/55

MARYLAND STATE DEPARTMENT OF I	HEALTH-B	BALTIMORE,	18
633 MEDICAL EXAMINER'S CERTI	FICATE C	OF DEATH	
~00			
a Marian De			1

OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND Frederick Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick vrs. New Midway. Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Frederick Memorial Hospital 3. NAME OF 4. DATE OF DEATH First Manth Last Day Year DECEASED (Type or print) Hilda Deberry 31 19 60 January 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A B. DATE OF BIRTH (FUNDER TYEAR) (FUNDER 24 HRS. Months Hours Min. WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Frederick County USA None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elgie Deberry Carrie Grimm 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address New Midway, Elgie Deberry Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Bacterial Endocarditis days IMMEDIATE CAUSE (o) DUE TO Septicemia Conditions, if ony, which days. gove rise to immediate cause **DUE TO** (a), stoting the underlying 20 and 30 burns 1/3 body surface couse lost. 6 weeks PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO I 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. While smoking at home. dress caught fire 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not while of work of work Frederick. Home New Midway. Md. 21. I certify that I took charge of the remains described above, held on Autopsy X Inspection X. Inquiry , and find that death resulted from: Notural couses ... Accident K Suicide . Homicide , Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER EXAMINER'S 2/1/60 Thomas, Sr., DEPUTY MEDICAL EXAMINERY NAME (Type) B. O. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE FFR

BESSEN ROLCAL EXAMINER'S CERTIFICATE OF DEATH The state of the s

(	)(	6	3	G
1	, ~			10

		668 CEK	IIFICA	E OF DEAT	н		Reg. Dist. 1	lo.	
a. COUNTY Fre	ederick	МА	RYLAND 2	o. STATE Maryla	here deceased	lived. If institution b. COUNTY			sian)
RURAL and give n	f outside corporate limits, vegrest tawn) Rural RD#4	vrite c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF		***	URAL and give	nearest law	n)
d. NAME OF HOSPIT OR INSTITUTION Feagaville	TAL (If not in hospital, give	street address)		d. STREET ADDRESS Feagavil	le			e. IS RE	SIDENCE A FARM? NO 2
3. NAME OF DECEASED (Type or print)	First GEORGE	WILLIA		STERDAY	4. DATE OF DEATH	Man J 8		Day 7	Yeor 1960
s. sex Male	7177 0 1	MARRIED NEVER MAR		25 Sept 189		AGE (In years last birthday) O yrs.	Months Day		ER 24 HRS. Min.
Oa. USUAL OCCUPATION during most of wor Self-emp	ON (Give kind of wark done king life, even if retired)	106. KIND OF BUSINESS Plaster	OR INDUSTR	Marylan		entry)	12. CITIZEN	OF WHAT	COUNTRY
3. FATHER'S NAME Elisha H	Easterday			Mary V.					
1S. WAS DECEASED EVE (Yes, no. or unknown) NO	R IN U. S. ARMED FORCES (If yes, give wor or dates of service	? 16. SOCIAL SECURITY P 214-16-0586		• Eleanor E	. Easte	Addenday (S	Same as	item	#1)
Conditions, if a gave rise to i cause (a), stating lying cause last.	mmediate ( DUE TO	Can	iner	va of The	e lu	ng -		y m	~o ~
ST S	HER SIGNIFICANT CONDITI						'EN IN PART 1(d	PERF	AUTOPSY DRMED?
	AS UNDERLYING 200 CAUSE OF DEATH MEDICAL EXAMINER)	o. DESCRIBE HOW INJURY	OCCURRED. (	Enter nature af injury in	Part I ar Port	Il of item 18.)			
20c. TIME OF INJUI Hour a. m. p. m.		20d. INJURY OCCURRED While Not while at work		OF INJURY (Home, far y, street, affice bldg., e		or town)	(Caun	(y)	(State)
actual SIGNATURE	at I attended the de	19 60, and th	at death a	coursed at 3:30 220 N. Ma	M. fram ADDRESS (Sire	et, city ar tawn,	and an the state)	date stat	ed abav
220. BURIAL, CREMATIC REMOVAL (Specify BULLIAL	22b. DATE THEREOF	22c. NAME OF CI				ON (City, town, o		(Sto	ite)
23 FUNERAL DIRECTOR	'S, SIGNATURE	ADDRESS		240 050	O'D BY REGISTR		STRAR'S SIGNA		

may be retained to hospital or attending physician.

O FUNERAL DIRECTA: After this certificate has been signed by the attending physician and completely filled in by the performance of the standard of the standard of the burial-transit permit. Then please remove could be detached for use as the burial-transit permit. Then please remove couldn't pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after beath. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained to enspire the hospital or ottending physician.

TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and completely filled in by the rectained to the complete of the complete or the comple VS A15 (4) ISM 9/55

MARYLAND STATE OFFICE OF HEALTH SALTIMORE, 18
OF DEATH | CERTIFICATE OF DEATH | CERTIFICATE OF DEATH |

			A STATE OF THE PARTY OF THE PAR	
	Smuller or and			
	AND THE THE THE			10 2 100 L
	CLIEVAGES			
Con Commercy ()				
		Control of the	We to the second	
			Carporate .	
		200		
			er in setting of	Alima T. IT
- 60% up 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200 - P. 900 - A			
	of closes of		· .	
01.22.22.4				

VS A15 (4) 15M 9/55 069

0634 CERTIFICATE OF DEATH

Rea. Dist. No.

1. PLACE OF DEATH a. COUNTY	Frederick		MARYLAN	- 11	USUAL RESIDENCE (Wo. STATE Maryl		ed lived. If instituti b. COUNTY	_	ence befor		1)
RURAL and give r	Frederick		c. LENGTH OF STAY IN	Ъ	c. CITY OR TOWN (IF		orate limits, write f	RURAL and	give neo	arest town)	
OR INSTITUTION	ITAL (If not in hospital, g				d. STREET ADDRESS	West 1	ith St.			ON A FA	ARM?
3. NAME OF DECEASED (Type or print)	FLORENC		MAY	E	Losi IGENBRODE	4. DATE OF DEATH	Mor Jan	uary	14.		60
5. SEX Female	White	WIDOW		5 :	February 14		9. AGE (In years lost birthday) 80 yrs.	Months Months	R 1 YEAR Doys	Hours :	24 HRS. Min.
peri-em	ON (Give kind of work or rking life, even if retired ployed	lone 10b.	kind of Business or in Practical Nur	'se	Maryl	and	country)	12. C	USA	F WHAT CO	DUNTRY
13. FATHER'S NAME Daniel E:	igenbrode				Rosilla C	_	Matthews				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of se		SOCIAL SECURITY NO. 1		RMANT L E. Fogle,	Middl	Add Letown, Ma		und		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO any, which )	Las.	re for (a), (b), and (c).]	7	horos	(0)	oroun	ep 1		ERVAL BETWEET AND DE	
gave rise to code (a), stating lying couse lost.	the under-										
3 00	1 Drope	DITIONS O	CONTRIBUTING TO DEATH	BUT NO	of related to the term	AINAL DISEA	SE CONDITION GIV	EN IN PA	(RT 1(o) 1	PERFORM	AED?
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	IRRED. (	Enter noture of injury in	Port I or Po	rt II of item 18.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yes	While of wor	_ Not while _	foctor	OF INJURY IHame, far y, street, affice bldg., el	m, 20f. (Cit	y or town)		(County)		(Stote)
21. I certify the olive on	hot I oftended the Land	deceas , 19		oth o	1960, to courred ot 355	ADDRESS (S	m the couses of street, city or town,	ond on			
22a. BURIAL, CREMATIC BREMOVAN (Specify		F	22c. NAME OF CEMETER United Bre		REMATORY en Cemetery		ATION (City, town, ourmont, Ma			(State)	
23. FUNERAL DIRECTOR M. R. Etc		ı, Fr	ADDRESS rederick, Mar	ylaı	24o. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S SI			

		ADEITED ARTIU
	in Honey.	
	The state of the s	Freedom Lander Services
		AND LOCATION OF THE PART OF
	of the company of the second o	
	STREET, STREET	
	e = 2 ,	
The equal to the second of the		
		and the major to the service of the

0	10	6	3	8
	10% +			

		535	CEKIIFI	CAI	C OF DEAT	П		Reg. Dis	l. No.	
1. PLACE OF DEATH o. COUNTY	ederick	-06	MARYLAN	11	usual residence (Waryl		lived. If instituti b. COUNTY		e before o	
RURAL and give ne	f outside corporate limits corest town)	, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (IF		ote limits, write R	URAL ond gi	ive nearest	town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, given the company of the co				d. STREET ADDRESS	homas I	Ave.	11.5	(	S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Anna		Mary Middle	Epp	ley Last	4. DATE OF DEATH	Janua		Day	Yeor 19 60
S. SEX Female	7574 2 4 -	7. MARRII	DIVORCED		ovember 7,		9. AGE (In years last birthdoy) yrs.			UNDER 24 HRS ours Min.
10a. USUAL OCCUPATION during most of work Housewif	ung life, even if refired)	one 10b. K	NONE	NDUSTRY	11. BIRTHPLACE (Stote				S.A.	HAT COUNTRY
13. FATHER'S NAME Henry So	chaefer			14	Rosetta		У			
1S. WAS DECEASED EVER	R IN U. S. ARMED FORC (If yes, give war or dates of sen		00 OCIAL SECURITY NO. 4-10-3417D		Bruce A I	elaude	r 200 T	homas	Ave.	Fred.
PART I. DEA  4.45 ×  Conditions, if or gave rise to it couse (o), stoting lying couse lost.	mmediate the under- (c).	_ (	Lyfesta	me	feardu				1	AL BETWEEN AND DEATH
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	Duodens	el	DONTRIBUTING TO DEATH  COLOR OF THE PROPERTY O			36.0	193749	'EN IN PART	P	WAS AUTOPSY ERFORMED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year	20d. IN While of work	_ Not while	e. PLACE factory	OF INJURY (Home, for street, office bldg., et	m, 20f. (City	or town)	(C	ounty)	(Stote
21. I certify the olive on ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	at I oftended the common of th	, 19 6 lie		M.D.	271.711a	ADDRESS (Str	/	d on the stote)	dote st	DATE SIGNED 9-1960
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	2	22c. NAME OF CEMETER				ION (City, town,		ind	(Stote)
23. FUNERAL DIRECTOR			ADDRESS Frederick,		24g. REC	D BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATURE	

neral directar, be filed with

death. Page 4

the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

may be retained the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the rown page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages 1 and 2 shauld INDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR

VS A1S (4) 15M 9/5B

AND DESIGNATION OF THE PARTY OF Figure 1997 and the second The state of the s Lating the least of the latest Collegation E. Person A being and make the control of the The state of the s BEFORE A CONTRACT OF THE PROPERTY OF THE PROPE THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.

00639 0636 **CERTIFICATE OF DEATH** Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Frederick Maryland Carroll b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick New Windsor d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 069 R. D. #1 Frederick Memorial Hospital YES NO 3. NAME OF 4. DATE Middle Lost Month Yeor Day ARTHUR DEATH (Type or print) January 26 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH Days Hours Male White DIVORCED TO WIDOWED [ June 30. papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Bendix Maryland U.S.A. Retired Guard and carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ofter Emma Read Charles Erdman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Mr. William Dohler-R.D. El-New Windsor. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ( ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cuss DUE TO ony Conditions, if any, which gave rise to immediate DUE TO couse (a), stoting the undertying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED 20f. (City or town) Day. (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while ot work p. m . 1960 that I last saw the deceased 21. I certify that I attended the deceased fram alive and and that death accurred at 6.40 M, fram the causes and an the date stated above. ADDRESS (Street, city or town; stote) det ACTUAL SIGNATURE TO FUNERAL DIF PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 60 Druid Ridge Cemetery Bikesville, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DESE CERTIFICATE OF DEATH							
			e (Exercise)				
	4						
	W 10 10 10 10 10 10 10 10 10 10 10 10 10						
	et in the common to be common t		main without min to min its				
				Person			
		O Attino Se Sedi Ser					
	800			TOTAL STATE			

VS. A15ME(5) 5M 9/55 2

M

MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE,	18
066 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	Re

Reg. Dist. No. 00640

	PLACE OF DEATH a. COUNTY	Frede	rick	MARYLAND	a. STATE Marky		If Institution, Residen	ce before admission)
	b. CITY OR TOWN and give nearest too	Ill outside corporate limit	write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	10-12	s, write RURAL and	give nearest tawn)
	d, NAME OF HOSPI	ITAL OR INSTITUTION	ON (If not in hos)	pital, give street address)	d. STREET ADDRESS	vices.		e, IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED (Type or print)	ale	First	Joseph Ess	Losi Vision	4. DATE OF DEATH	Month	Day Year 1960
5.	male	6. COLOR OR R.	WIDOWED	D DIVORCED C	DATE OF BIRTH Spril 14/18	8 9 PAGE III	land .	YEAR IF UNDER 24 HRS
100	during most of work	TION (Give kind of wing life, even if reti	vork dane 10b. K	r Products, H	- 1	r fareign country)	Md . 21.	S. A.
13.	FATHER'S NAME	iah !	Estere	Lay	14. MOTHER'S MAIDEN N.	Dela	ugher	
	. WAS DECEASED E	VER IN U. S. ARMET		SOCIAL SECURITY NO. 17. IN	FORMANT SCAL FISH	Terday 7	Address	lle RS-2
		ATH (Enter only on ATH WAS CAUSED I IMMEDIATE CAUS DUE	BY: E (o)	for (a), (b), and (c).]	somel leg	4 ches	-	INTERVAL BETWEEN ONSET AND DEATH
-	gave rise to imm (a), stating the couse lost.	underlying DUE	(c)					
CERTIFICATION	PARI II. O	THER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OF RELATED TO THE TERMIN	AAL DISEASE CONDITI	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	200. EXTERNAL CAPRIMARY 20 or CO	AUSE WAS ONTRIBUTING	20b. DESCRIBE	HOW INJURY OCCURRED. (E.	iter nature of injury in Part	l ar Part II of item 18.	7	
MEDICAL	Hour p. m	. 11,	Year 200 1		E OF INJURY (Home, farm, ry, street, office bldg., etc.)	meets	ille \$292	Dedunt
		that I taak cho d fram: Natu		remains described above  ], Accident [], Suice	e, held an Autapsy ide 🌠, Homicide	_	n 🔼, Inquiry ined cause 🔲.	, and find the
	ACTUAL SIGNATURE	BB	Hor.	non	_M.D. CHIEF MEDICAL EXA	MINER		DATE SIGNED
	EXAMINER'S NAME (Type)	BiOis	Thom	ras	ASSISTANT MEDICAL E		an. 1,	1960
220	Burial, CREMATI REMOVAL (Specif Burial	Jan 4	.1960	22c. NAME OF CEMETERY OR	CREMATORY WO	22d. LOCATION City.		(State)
23.	FUNERAL DIRECTO	OR'S SIGNATURE	IF B	ittle. Myers		BY REGISTRAR 24	Calling 2	4 14

tende i la compania de la compania del compania del compania de la compania del la compania de la compania del l
Converse and Conve

VS A15 (4) 15M 9/55

X		MARYLAND 063		ATE OF DEATH
- N	1. PLACE OF DEATH o. COUNTY	FREDERICK	MARYLAND	2. USUAL RESIDENCE Compared descosed lived. If institutions o. STATE b. COUNTY F
INI	b. CITY OR TOWN RURAL ond give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUR

Reg. Dist. No. 00641

1,	o. COUNTY	FREDERICK		MARY	LAND	o. STATE	ENCE Y	ere desposed liv	red. If instituti b. COUNTY	on: Reside	nce befo DER	re odmiss ICK	ion)
	b. CITY OR TOWN ( RURAL ond give n FREDER TO		, write c.	LENGTH OF STAY	IN 1b	7 , -	NSWI	utside corporote	e limits, write R	URAL and	give nec	rest town	)
	d. NAME OF HOSPI OR INSTITUTION	MEMORIAL				d. STREET A		POTOMA	C STR	EET			FARM?
	DECEASED (Type or print)	RRILL First	T.	Middle	Fos	TER Los		4. DATE OF DEATH	Mor		9 00		Year 1960
	MALE	WHITE	MIDOWED [		00	7-28-1	.889		AGE (In years lest cyrthday) yrs.	Months	R 1 YEAR Days	Hours Hours	Min.
10		ON (Give kind of work do		&.O.R.R			ACE (Stote of		try)		S.A		COUNTRY
13	. FATHER'S NAME	CHARLES	FOSTE	R		14. MOTHER'S	MAIDEN N		MUSH	AW	13		
150	(es, no, or unknown)	R IN U. S. ARMED FORC (If yes, give wor or dates of ser	ES? 16. SOC	CIAL SECURITY NO	Mrs	ormant • Sadi	e L.	Foster	,Brun		k,Ma	aryl	and
	PART I. DE/  /5 / X  Conditions, if c gove rise to i coese (o), stoting lying couse lost.	mmediate (DUETO	cay	or (o), (b), ond (c).	na e	f t	he .	rtern	rach		ONS	ERVAL BE	DEATH
CERTIFICATION	PART II. OT	HER SIGNIFICANT COND								EN IN PA	RT 1(o) 1	PERFO YES	RMED?
		AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	POS. DESCRIB	BE HOW INJURY O	CCURRED.	(Enter nature o	f injury in P	art I or Part II	of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Year 19	20d. INJUI While of work	RY OCCURRED Not while at work		E OF INJURY (i ry, street, office			town)		(County)		(State)
	olive on	not I attended the	deceased , 19_62		deoth o	, 19 <u>66</u> ccurred at	5 45/	M, fram t		and an		te state	
	PHYSICIAN'S NAME (Type)	Henry	V. (	Chase	М.	Er	ode	15/ C	K	Ma	14	141	70
2	PEMOVAL (Specify	1-11-196		PARK H	ETERY OR C			22d. LOCATION	******	VARY	FANT	(State	e)
23	. FUNERAL DIRECTOR	S'SIGNATURE		ADDRESS ICK MAR			24s. REC'C	BY REGISTRAI	24b. REGI		GNATU		
1 4	1 150	IOVA DI	MONDIA	LUN . WAR	LEAN	)	DATEST	00					

	LITH-BALTIMORS, 1		STATE DEPARTM	MARYBAM	
FEGURE LA LA CARRESTA DE LA CARRESTA DEL CARRESTA DEL CARRESTA DE LA CARRESTA DE	HTA	ed Ro eta	Z CENTRO	200	
	Production of the	William William			
			ALTO VALUE OF METHOD OF		
	f mass		4		
	2766	tent head			
			4 4 4 5		
Medicini, valv					
out of the real trades		10 E (10 E 0 )	Book fort thes	to makent behind to COOM velices it.	
				SECTION OF THE PARTY.	
	C. C		2-10 Straff	aloguetal	

VS A1S (4) 1SM 9/5B

00642

e. IS RESIDENCE

ON A FARM?

YES NOXX

Year

1960

Frederick

Months

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Doys

TISA

Rea. Dist. No.

PEREQRMED? YES NO (State) (Caunty) 1960 that I last saw the deceased ADDRESS (Street, city or town, state) DATE SIGNED Jan 1960 22d. LOCATION (City, town, or county) (Stote) Frederick, Maryland 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & House

OF SELECTION OF STADE OF STADE 94 ACT OF THE Market Harris Co. The Control of the The state of the state of Laborante la Evilla Same Cal Comment ALL HERE , -----· " TALLER . TOTAL DE Secure to the Company of the Company to desire the state of the stat 

VS A1S (4) 1SM 9/SS

0639 CERTIFICATE OF DEATH

N

Reg. Dist. No. 00643

	a. COUNTY Frederick	MARYLAND	o. STATE Marylan	b. COUNTY Fred	erick		
)	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  //  Frederick				
9	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Frederick Memorial Hosp		/ d. STREET ADDRESS 32 Franklin St.  o. IS RESI				
	3. NAME OF First DECEASED (Type or print) Lloyd	Kenneth G	rabil L lost	OF DEATH January 2	O, Day Year 19 60		
1	5. SEX 6. COLOR OR RACE 7. MAI	THE PER MINISTER IN	8. DATE OF BIRTH March 17, 19]	inst hirthdoy) Manual I	P 1 YEAR IF UNDER 24 HRS.  Days Hours Min.		
	10a. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired)  Carpenter	. KIND OF BUSINESS OR INDU Carpenter	Frederick	Co., Maryland	TIZEN OF WHAT COUNTRY?		
	13. FATHER'S NAME  Robert L. Grabill		14. MOTHER'S MAIDEN NA Annie Fog				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16		nformant cs. Ethel M. Gi	Address	n St. Fred. Md.		
2	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A C  White part is to immediate cause (o), stating the under- lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS  OUT TO COUSE (c) STATE (c) A C  PART II. OTHER SIGNIFICANT CONDITIONS	d packer retend sclero There sclero CONTRIBUTING TO DEATH BUT	lic theart	fact  Disease  AL DISEASE CONDITION GIVEN IN PAR	S Months  ST 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 17		
	206. ACCIDENT WAS UNDERLYING   20b. DE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa				
	Hour o.m. Whil		ctory, street, office bldg., etc.)	201. (City of fown)	(County) (Stote)		
	21. I certify that I oftended the deced of olive on 19 ACTUAL SIGNATURE Rall & M. M.	60, and that deoth	occurred at 8125 P	M, from the causes and on toppress (Street, city ar town, state)	lost saw the deceased the dote stoted above.  DATE SIGNED  1-22-1960		
1	PHYSICIAN'S Dr. R. L. Miche			k Shopping Center	Frederick, Md		
	220. BURIAL, CREMATION; 22b. DATE THEREOF REMOVAL (Specify) 1-23-1960	22c. NAME OF CEMETERY O		2d. LOCATION (City, town, or county) Woodsboro, Maryl	(Stote)		
	23. FUNERAL DIRECTOR'S SIGNATURE Askert C. Laibert.	Frederick, 1	Maryland DATE JAN	BY REGISTRAR 24b. REGISTRAR'S SI			

ATE OF DEATH	BACKER CERTIFIC	
		similar of
Total Carlo	a may fit	Model Ford
	Laterings	
Part of the second		Address) Annatas
o area a minimules, se athlice in reservice		
second inflormed to find the second second of the second s	man array of the st	
The State of the State of Administration and the State of		
Application of second a second of the second	STREET OF OUR AND ADDRESS OF OUR ADD	1800MH 2 PL 1181 W 1 C 13

5. TO HOSPITAL OR ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Toneral director, and the Toneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.	
S TO HOSPITAL OR ATTENT	may be retained to the page 3 should be detach the registrar prior to burn	

		-06	43 CER	11110		OI DEAI	••		Reg. D	ist. No.		
). PLACE OF DEATH o. COUNTY	Frederic	k	M	ARYLAND		TATE	Where decease	d lived. If institut b. COUNTY	/	nce before		ion)
b. CITY OR TOWN ( RURAL ond give n Frederick		s, write	c. LENGTH OF ST		c. 0		f outside corpo derick	prote limits, write	RURAL ond	give near	est town	()
d. NAME OF HOSPI OR INSTITUTION Hood Coll	TAL (If not in hospital, gi	ive street (			/ d.	STREET ADDRESS	d Colle	ege	3	е		IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Firs NOR		Mid BA	die SSLER		Lost GROFF	4. DATE OF DEATH	Janu		Day 2	0	Year 19 60
5. SEX Female	6. COLOR OR RACE White	7. MARR	-	RRIED		of BIRTH ember 3,	1874	9. AGE (In years lost birthdoy) 85 yrs	Months	R 3 YEAR Days	Hours	R 24 HRS Min.
10a. USUAL OCCUPATION during most of wor Domest	ON (Give kind of work of king life, even if retired)		KIND OF BUSINES  At Home	S OR INDU	JSTRY 11	BIRTHPLACE (Sto-		country)	12.CI	USA	₩HAT C	OUNTRY
13. FATHER'S NAME					14. M	OTHER'S MAIDEN	NAME			6.00		
Н	erman Grayb	ill				F	rances	Bassler				
15. WAS DECEASED EVE (Yes, no, or unknown) No	R IN U. S. ARMED FORG (If yes, give war or dates of se		None		rs.	L. Delde	e Truxa		dress as i	item ;	#2	
	mmediate (	//	e far (o), (b), opd	(c).] Vons	the	Throng.	ut s	in .			RVAL BE	
PART II. OT	AS UNDERLYING CAST	44	ONTRIBUTING TO						VEN IN PA	RT 1(o) 19	PERFO	AUTOPSY PRMED? NO
_	RY Month, Doy, Yea	While	NJURY OCCURRED Nat while			INJURY (Home, fo		y or town)		(County)		(State
21. I certify the alive an	A. A. Pearr	7. 19.6 Tea	ed from Solo and the		M.D. F	ast Chur	O.M. fram ADDRESS (S ch Stre Mary)	the causes a street, city or town eet Land	nd an th , stote)		stated	
Burial (Specify	1/25/60	F	New Pro					TION (City, town, ancaster		V.	(State	e)
23. FUNERAL DIRECTOR M. R. Etch	is signature son,	Free	ADDRESS derick, M	aryla	nd		C'D BY REGIS	TRAR 24b. REG	Istrar's s	IGNATUR		

HOUSE BOUNDA DRIEBER DANG AND THE PROPERTY OF THE PARTY O Take the space of the control of the space o THERE I STATES Committee of the second of the · Marian Marian bully strate out just it.

0641	CERTIFICATE	OF DEATH
1 4		O

Reg. Dist. No.

					_					9			
	LACE OF DEATH			MARYLA	ND	o. STATE			lived. If institut b. COUNTY				sion)
		rederick	An evenian	c. LENGTH OF STAY IN			ryla				deri		
D	RURAL ond give		is, write		116				ote limits, write l	KUKAL ond	give ne	arest tow	'nj
		ederick		Life			eder:	ick					
C	OR INSTITUTION	ITAL (If not in hospitol, g	ive stree	r oddress)		d. STREET A						ON	SIDENCE A FARM?
	Wy	melle Nursi	ng H	lome		1.3	.6 E.	Church	Street			YES [	NODE
	NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE OF	Мо	nth	Do	у	Year
	Type or print)	RUTH		ELIZABE	TH	HALLE	R	DEATH	Janu	ary	1	l,	1960
s. s	EX	6. COLOR OR RACE	7. MAF	RRIED NEVER MARRIED	KK	8. DATE OF BIRTH	1	9	P. AGE (In years lost birthday)	IF UNDER		-	ER 24 HRS.
1	Female	White	WIDOV	VED DIVORCED		July 3	30, 18	386	73 yrs.		Doys	Hours	Min.
0a.	USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b	. KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (Stote	or foreign co	untry)	12. CIT	IZEN O	F WHAT	COUNTRY?
	acting most of wo	ne, even il tellied		At Home		Ma	ryla	nd		150	USA	A	
13. F	FATHER'S NAME					14. MOTHER'S							
	The	mas H. Ha	Her			Co	ora I	E. Boy	vers				
IS. V	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16		-10	NFORMANT	,,, .,			ress			
Yes,	No No	If yes, give war or dates of s	ervice)	None	Mar	. T. Stu	ant. F	aller.	R.F.D.#	6. Fr	eder	ick.	Md.
1		ATM (Fater and and and			TALL	• 1 • Dua	.0.1 0 1.		1001 02011	,			
		ATH Enter only one co		line for (o), (b), and (c).	/	-1 1.	-0		4		ON	SET ANI	DEATH
	TAKI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Co	regestive /	ter	art ta	New	e, ac	ule			4 h	
	420.0	DUE TO	1	4	_0	_ 1,/	6	1					332
	Conditions, if		llx	theonly	ole	e He	ent	des	are	264	1	'0 m	nt
	gove rise to couse (o), stoting	DIE TO											
	lying couse lost												
Z	PART II. O			CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GI	VEN IN PAI	RT 1(o)	19. WAS	AUTOPSY
CATION												YES T	ORMED?
U.	20a. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCC	URRE	D. (Enter noture of	injury in	Port I or Port	11 of item 18.)				
CERTI	OR CONTRIBUTING	G  CAUSE OF DEATH! Y MEDICAL EXAMINER)											
با ب	20c. TIME OF INJU		ar 20d	INJURY OCCURRED 20	De. PLA	ACE OF INJURY (F	Home form	, 20f. (City	or town)		(County)		(Stote)
MEDIC	Hour o. m.	10	While	e _ Not while _		ctory, street, office			01 10111)		Coomy		(31016)
٤	p. m.	. IY	of wo	ork ot work				1,					
П	21. I certify t	hat I attended the	decea			, 1960	, ta/	/11	19.60				
Н	alive an	1/11	_, 19	60 and that d	eath	occurred at	9409	M. fram t	he causes ar	nd an th	e date	e state	d abave
	4	51	,	$\sim 1$					eet, city or town				TE SIGNED
	ACTUAL	Lenn V	. (	hand		un li E	act C	burch &	Street		1/	/13/	60
	SIGNATURE	7 9 7				M.D4	MOLL M		JUA GGU				
	PHYSICIAN'S NAME (Type)	Henry V. Ch	ase,	M.D.		Free	deric	k, Mar	yland			1/1	3/60
220.		ON, 226. DATE THEREC	F	22c. NAME OF CEMETE	RY O	R CREMATORY		22d. LOCATI	ON (City, town,	or county)		_ (Sto	ite)
	REMOVAL (Specify Burial	1/11/6	0	Mount Oliv	et	Cemetery	7	Free	derick,		Mary	ylan	d
_	FUNERAL DIRECTO			ADDRESS			24a. REC'	D BY REGISTR	AR 24b. REG	ISTRAR'S S	IGNATU	IRE	100
	M. R.	Etchison &	Son.	Frederick,	Mar	yland	DATE J	AN 1 4 '8	60 C	Irthur 2	8. The	MA.	
							DAIL -						

OFFI DESIREMANDS DESTE delicher: **A** manufacture of the second seco CALL A CONTRACTOR AND ADDITION OF THE CONTRACTOR AND ADDITION things to a past of the state o 

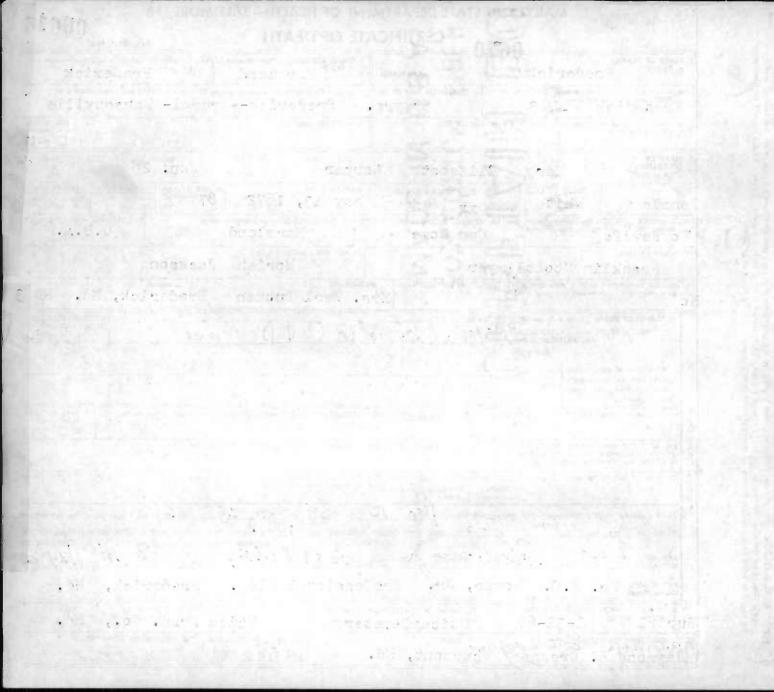
VS A1S (4) 1SM 9/SB

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00646

		0.67	a CEKTIFI	CAI	E OF DE	AIH			Reg. D	ist. No.		
1. PLACE OF DEAT o. COUNTY	H Frederick	<del>0 0 1</del>	MARYLAI			ryla		lived. If instituti b. COUNTY	on: Reside	der:	re admiss	sion)
b. CITY OR TOV	NN (If outside corporate limitive nearest town) RD 3	ts, write	c. LENGTH OF STAY IN					ote limits, write R		_		
d. NAME OF HO OR INSTITUT	OSPITAL (If not in hospitol, g ION	ive street	address)		d. STREET ADDI	RESS					ON A	SIDENCE A FARM? NO [[
3. NAME OF DECEASED (Type or print)	Mary		Middle lizabeth	Har	per	4	DATE OF DEATH	Jan.	<sup>th</sup> 28	Da	,	Year 6
5. SEX Pemale	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED  ED DIVORCED	_ P	ate of Birth	187	2	9. AGE (In years birthdoy) yrs.	Months Months	R 1 YEAR Days	IF UNDI Hours	ER 24 HRS Min.
10a. USUAL OCCUI during most of HOUSEWI	PATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUSTRY		(State or aryl		untry)	12. CI	TIZEN OF	S.A.	COUNTRY
13. FATHER'S NAM	klin Stott:	lemy	er	1	4. MOTHER'S MA	Mori		Jackso	n	4		
15. WAS DECEASED (Yes, no. or unknown) NO	DEVER IN U. S. ARMED FOR (If yes, give wor or dates of s			INFO Mrs	Earl	Putm	nan	Frede		, M	d.	RD
	F DEATH [Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1/2	ne for (a), (b), and (c).]	not	ie C.	U.D.	ise	ael		INTI	ERVAL BE	DEATH
gave rise cause (a), sta lying cause	if any, which to immediate ating the under-	)	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO TH	IE TERMINA	AL DISEASE	CONDITION GIV	/EN IN PA	RT 1(o) 1	19. WAS PERFO	AUTOPSY ORMED?
20a. ACCIDEN OR CONTRIBU	IT WAS UNDERLYING [] ITING [] CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (I	inter nature of in	jury in Por	t 1 or Part	II of item 18.)			YES 🗌	) NO 🗍
WEDICAL HOUR OF II		20d. II While of wor	Not while		OF INJURY (Hon , street, office blo		20f. (City	or town)		(County)		(Stote
21. I certify olive on	y that I attended the	/	ond that de	M.D		mare	cet g	he couses or eet, city or town,	d on the state).	me date	e stated	9 160
220. BURIAL, CREM BURIANOVAN (Spo	AATION, 22b. DATE THEREO		22c. NAME OF CEMETE Utica Ce					ion (city, town, a Fred			(State	
Raymon	7 77 0 0	egi	ADDRESS hurmont, I	Id.		a. REC'D E			STRAR'S S			



within 24 hours

deoth certificate be

haspital

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HEART TO STADE SERVICE OF SEATH To decis - K - Bertanthe Fordone K Same ed to chimnes the the transmitted themes a The state of the s Personal of the state of the st THE DAY HER WALLES TO STATE TO BE AND A STATE OF THE STAT Wall the Wall and Martine Ambrony Philips Halland Company of the same of the sam The state of the second to be a series of the series of the second o C. E. prono Freezeway eve and a little to

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL Q

VS A1S (4) 1SM 9/SB

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00648

0671 CERTIFIC	CATE OF DEATH Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence book of STATE b. COUNTY  Md Fredericl	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
d. NAME OF HOSPITAL IF not in hospital, give street oddress) OR INSTITUTION Riggs Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Myrtle May Haug	Lost 4. DATE Manth	Day Year 6 1960
Female White Widowed Divorced	Jan 22 1888 72 yrs. Months Dog	
On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSENIFE  OWN HOME	MARYLAND	18 A
3. FATHER'S NAME  THOMPS NACHTER  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME  ANNABELLE SMIT  INFORMANT  Address	- H
(Yes, no, or unknown) (If yes, give wor or dates of service)	ARROLL HAUGH, NEW MIDWA	Y MD
IB. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Central Thro	ombosis	interval between onset and death 3 month
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost.  DUE TO  DUE TO  Cerebral At  DUE TO  DIABetes Me		unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4	19. WAS AUTOPS PERFORMED? YES NO.
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature af injury in Part I or Port II af item 1B.)	
	PLACE OF INJURY (Home, form, 20f. (City ar town) (Cour factory, street, affice bldg., etc.)	nty) (Stat
21. I certify that I attended the deceased fram I an I alive on Jan 26	ADDRESS (Street, city or town, state)	
PHYSICIAN'S NAME (Type) Joseph Lerner	ho Ijamsville Md.	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF THE PROPERTY OF THE PROPERT	WOODSBORD	(State)
Euron Hustigler Mey Wyndson 7	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA DATEJAN 29'60 Carina S. Fra	

Y.	
e x	
The Parties of the Control of the Co	
	[설명 : 10] [10] [10] [10] [10] [10] [10] [10]
	The state of the s
The Distance of the State of th	
	SECTION AND ADMINISTRATION OF THE PARTY OF T
TEMPLE	the Barriage being and and a second
NO NAME OF TAXABLE PARTY.	

VS A15 (4) 15M 9/SS

069

I

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SZ 2 CERTIFICATE OF DEATH

()0649

1	0643	CERTIFICAT	E OF DEATH	Reg. Dis	t. No.
)	1. PLACE OF DEATH G. COUNTY Frederick	MARYLAND 2	a. STATE	ceased lived. If institution: Residence b. COUNTY Care	e befare admission)
	b. CITY OR TOWN (If guiside carporate limits, write C. LEN RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and g	ive nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION THEREWORK MIMONIAL H	oshital	d. STREET ADDRESS	i Road	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Anhary Lum	Middle Hen	/	ATE Month	Doy Year 9 1960
	Temale White WIDOWED []	DIVORCED	DATE OF BUTH NN. 29, 188	2 (ast birthday) Months	TYEAR IF UNDER 24 HRS. Days Haurs Min.
	106. USUAL OCCUPATION (Give kind of work done lob. KIND O during most of working life, everyif retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 12. CITI	ZEN OF WHAT COUNTRY?
)	Prof. milton Wile HEN.	PRICKSON	4. MOTHER'S MAIDEN NAME	E GARLAN	<i>'</i>
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of unknown) (If yes, give wor or dates of service)	SECURITY NO. 17. INFO	Dean W. He	adress WK	Muntern
	18. CAUSE OF DEATH [Enter only one cause per lime for (a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1). (b). and (c).]	tic Heart A	Ourene	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the under	1 Congests	in Failur	1	6 mo.
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH	ma of I	or RELATED TO THE TERMINAL DI	Tata Pelvis a	1(a) 19. WAS AUTOPSY PERFORMED?
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY Company of the Prince o	at while factor	OF INJURY (Home, farm, y, street, office bldg., etc.)	(City ar town) (C	aunty) (State)
	21. I certify that I attended the deceased from alive on 19 9 19 19 19 19 19 19 19 19 19 19 19 1	mAcc 31., and that death or	corred at 7 7 M.	from the causes and on the (SS (Street, city or town, state)	
1	PHYSICIAN'S A. A. PEARR	F.M.D.	FREDER	ICK Md	
	Buscal 1/12/60 7	MI Oliver	+ Centles :	OCATION (City, town, or county)	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE	DORESS	240. READ BY R		1.0

* SALTIMONE, 18		D STATE DEPARTM	ARRYSTAM -	
		ASS CERTIFICA		
	in a rotal			
TO SERVE AND A STATE OF				
	** - * - * - * - * - * - * - * - * - *			00 1104
	4.60			
				221
	Att the second		tib til hebrellaålts L	
HUMANIE PARIES V 22 MAII Bas V		EIN DOL	and a second	totalis se i Ac

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# The state of the s to be to the state of the state

ge 3 should I

poge 10 VS A15 (4) 15M 9/55

TO HOSPITAL

00651

e. IS RESIDENCE

Day

IF UNDER I YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES NO

12. CITIZEN OF WHAT COUNTRY?

Days

ON A FARM?

YES NO P

Year

196 D

Rea. Dist. No.

Month

Address

Months

4						
20c. TIME OF INJURY Hour o. m. p. m.	While	Not while factory, stree	JURY (Home, farm t, affice bldg., etc.	.) 20f. (City or law	n) (Caunty)	(State)
actual SIGNATURE	1Ry 31 12/	ruley A.M.D.	ed at 11:30 F	M, fram the	causes and an the date	
NAME (Type) Una	ries H. Conte	y, or o, ma Do	Fred	lriek	Max.	
20. BURIAL, CREMATION, BUT TAL (Specify)	22b. DATE THEREOF 2-3-60			22d. LOCATION (C	ity, town, or county) ck, Maryland	(State)
		ADDRESS ederick, Maryland			246. REGISTRAR'S SIGNATURE Orthur S. Kraus	
Hour o. m.  p. m.  19 While at work at						

OGOR CERTIFICATE OF DEATH with two title of the transaction of the same and the sam The state of the s THE RESERVE OF THE PROPERTY OF

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4

may be retained to TO FUNERAL DIREC

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

OF A STATE DEPARTMENT OF DEATH

CERTIFICATE OF DEATH

R

Reg. Dist. No

(	}	0	6	5	2
-		4.		-	T W

					111111111111111111111111111111111111111		VEL				
1.	PLACE OF DEATH	dirick		MARYLAND	2. USUAL o. STAT	RESIDENCE (WHE	nere deceased	l lived. If instituti b. COUNTY		ence before o	dmission)
-	b. CITY OR TOWN (I	f outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY	OR TOWN (If o	outside corpor	rote limits, write f	URAL one	give nearest	town)
	RURAL ond give ne	doby Ak		Imp.	XU	a liker	avil.	10.			
	d. NAME OF HOSPIT	AL (If not in hospital, g		oddress)	d. STRE	ET ADDRESS		~~=			S RESIDENCE ON A FARM?
-	Treder		orsa	ic map.	Ш		T				S NO
	NAME OF DECEASED (Type or print)	HARLES	'\$1	DAYID	TOLIT	LOST ZOPLE	4. DATE OF DEATH	Jan		Doy 3	1960
5. :	SEX			RIED NEVER MARRIED	8. DATE OF	BIRTH 1 188	1	9. AGE (In years lost birthday)	Months		UNDER 24 HRS.
	Male	White	WIDOW		Jan.	17/18/	90	78 yrs.			
10a	during most of world	ON (Give kind of work ting life, even if retired	done 10b.	Farm	STRY 11. BIR	THPLACE (Stote	or foreign co	ountry)	12. C	ITIZEN OF W	HAT COUNTRY
13.	FATHER'S NAME	4			14. MOTH	ER'S MAIDEN N	NAME				
	John.	Holto	role		au	wie o	Long	,			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		. /	Add	ress		
	no	(ir ya: gre us or odge or i	21	6-22-1863 m	ro Be	essie I	reta	Walker	will	e. m	d.
	18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (o), (b), and (c).]	10	11 1	01			INTERV	AL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	1 CLE	utl mysea	MUM	nufar	cliber	i			MUSTER EL
	420.1	DUE TO		- 1	90	1	/			(7.4	
	Conditions, if o		Cere	beroseller the a	edio a	vasouls	ar 16L	ACS-26		over	77
	gove rise to in couse (o), stoting		)								
	lying couse lost.	(0	:)(								
CATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATE	D TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PA	RT 1(0) 19. V	VAS AUTOPSY ERFORMED?
											S NO
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	D. (Enter not	ure of injury in I	Port I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED 20e. P Not while rk of work	ACE OF INJU	JRY (Home, form office bldg., etc	20f. (City	or town)		(County)	(Stote)
	21. I certify th	at 1 attended the	deceas	sed fram Jeune 1	, 19.	57, ta 13	(201, 3	1966	that I	last saw	the decease
	alive on 1	u 2	., 194	and that deat	accurred	a19:45 A	M, fram	the causes	and an	the date :	stated above
		10 1	11/	Till of				reet, city or town,		1	DATE SIGNE
	ACTUAL SIGNATURE	west h	-1	etitian	M.D	Final	Wer	willet,		ika	4/60
	PHYSICIAN'S NAME (Type)	ERNESI	TA.	DETTBAR	W	7	leavy	land		0	
220		N, 226. DATE THEREC	)F	22c. NAME OF CEMETERY	OR CREMATO	RY	22d. LOCAT	ION (City, town,	or county)		(Stote)
	REMOVAL (Specify)	1/5/6	0	mt Hope (	emete	rus	Woo	delan			m.l.
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		240. REC'	D BY REGIST			IGNATURE	THE STATE OF THE S
	y, C. Bo	viton	W	alkersnelle	mo	DATEJA	N 5 '60	Cr.	Chan S.	Kroug	
-											

Martin and ext			2378	
			o Table of Budgetin	
THE PERSON NAMED IN COLUMN TWO			1	
				100.3
		er in to mark and delica		N-228-31
				-6000
	DELICED.			UF
			TO THE RESIDENCE OF THE PARTY O	
				di
THE PARTY OF THE P				
W 1 M - 4 - 1 M				

may be retained by

M

06

**CERTIFICATE OF DEATH** 

00653

	0647	CERTIFIC	ATE OF DEAT	Н	Reg. I	Dist. No.	
o. COUNTY Freder:	ck	MARYLAND	2. USUAL RESIDENCE (W		- COUNTY -	ence before ode	
b. CITY OR TOWN (If outside RURAL and give nearest to	corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li dock Heig		d give nearest t	awn)
d. NAME OF HOSPITAL (IF n OR INSTITUTION Frederick	ot in hospitol, give street Memorial Ho		d. STREET ADDRESS	mac Ave.		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	BYRUN	Middle E •	HUG-HISS	4. DATE OF DEATH	Month  January 11	Day	Year 19 60
	Cor or RACE 7. MARI	RIED A NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Aug. 31, 1	881. 9. AC	E (In years IF UND Months yrs.	Doys Hau	
Oo. USUAL OCCUPATION (Giver during most of working life.  Ret. Manager of	even if retired)			e ar foreign cauntry	12. (	U.S.A.	AT COUNTRY
George Hugh			14. MOTHER'S MAIDEN  Laura ?				
0.0	re wor or dates of service)		Mrs. Elinor M	larkey Hug	Address hes_Brade	lock Hgt	ts. Md.
PART I. DEATH WAS IMMED  4.30.0  Conditions, if ony, wh gove rise to immedicate (a), stating the unallying couse lost.	DUE TO	Correct (More	aca orac	<i>second</i>		1.00	ININ
CATIC	Bonein (	CONTRIBUTING TO DEATH BU	ypertrophy			PEI	AS AUTOPSY REORMED?
	ERLYING 206. DES USE OF DEATH AL EXAMINER)	CRIBE HOW INJURY OCCURR	ED! (Enter nature of injury in	n Part I ar Part II af	item 18.)		
20c. TIME OF INJURY Mor Hour o. m. p. m.	oth, Day, Year 20d. I While at war	Not while	LACE OF INJURY (Home, far actory, street, affice bldg., e	m, 20f. (City or to	wn)	(County)	(State)
21. I certify that I calive on Signature	trended the decease 196	ded from Jun 1	h occurred at 2	P.M., from the ADDRESS (Street, of	, 1963, that e causes and on tity or town, state)		
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 221	DATE THEREOF	2. STONE		Chird Stre	city, tawn, or county		Marylan
Cremation 1	-12-1960	Cedar Hill (	rematory	Washing	gton D.C.		itale)
23. FUNERAL DIRECTOR'S SIGN	Lailey &	Frederick, 1	laryland DATE	N 1 3 '60	24b. REGISTRAR'S Chilling S.		

00654

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

MD

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

DATE SIGNED

(Stote)

Days

(County)

ON A FARM?

YES NO

Yeor

19 60

Reg. Dist. No

Frank

Months

15M 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00655

1999	CERTIFICATE OF	DEATH

Rea	Dist	No

	ns.	6.6				Reg. Dist. N	10.
PLACE OF DEATH     O. COUNTY	Frederick	MARYLAND	2. USUAL RESIDEN a. STATE		ased lived. If instituted and b. COUNTY		ofore odmission) derick
b. CITY OR TOWN TRURAL and give Thurmor	N (If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	-	VN (If outside co armont	rporote limits, write	RURAL ond give n	learest fown)
d. NAME OF HOS OR HISTITUTION	PITAL (If nat in hospital, give stre N OME	et address)	d. STREET ADD	ress aln St	reet		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Louis s.	Jones	Last	4. DAT OF DEA	T		960 19
s. sex male	1 th 1 to	RRIED NEVER MARRIED TO	B. DATE OF BIRTH  Jan • 31	1, 1882	9. AGE (In years lost birthdoy) yrs	Months Days	AR IF UNDER 24 HRS Hours Min.
during most of w	TION (Give kind af wark dane 10 orking life, even if retired) 2N	6. KIND OF BUSINESS OR INDU Cosmetics		E (Stote or foreig Pryland			OF WHAT COUNTRY
13. FATHER'S NAME Jol	n Jones		14. MOTHER'S MA		laynard		
1S. WAS DECEASED E	VER IN U. S. ARMED FORCES? 1 (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. None	John G.	Jones		ont, Md	•
Conditions, if gave rise to couse (a), statin lying cause los	immediate (b) DUE TO (c)				V		I O WAS AUTORS
B B	THER SIGNIFICANT CONDITION  WAS UNDERLYING   20b. D	Chonic ESCRIBE HOW INJURY OCCURRE				IVEN IN PART 1(o)	PERFORMED? YES NO
	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW HADRI OCCUR	D. (Line) Indiale of In	july ill rail rail	Tall II of Itali 70.7		
20c. TIME OF INJ Haur a. n p. n	n. 10 Whi	t.	ACE OF INJURY (Har actory, street, office bl	ne, farm, 20f. (i dg., etc.)	City ar town)	(Caunt	ty) (State
21. I certify alive an	that I attended the dece	ased fram flow 15		M, fra	m the causes and (Street, city or town	nd an the da	
PHYSICIAN'S NAME (Type)	James K. Gr	ay Thi	armont, N				
220. BURIAL, CREMA BURIAL BURIAL	22b. DATE THEREOF 2-2-60	22c. NAME OF CEMETERY C	thern Cer	Th	cation (City, town, nurmont,	or county) Maryla	(Stote) nd
23. FUNERAL DIRECTO		ADDRESS	12.0	a. REC'D BY REC	non.	ISTRAR'S SIGNAT	
Kaymond	E. Creager	Thurmont. I	VIC. D.	ATE Z	00	reting & the	actific

TO HOSPITAL OR AT VOING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tuneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/SB

		30 0 11		\$440C		
	No. of Part Asset					
						5.3 2000
	Places La					
	THE AMERICAN		NAME OF THE PARTY	,	al-co:	
	TO SLEET				evalle	
0 0 0		de ·			25	
.=1,-11				5 1		
	North Sales					

CERTIFICATE OF DEATH phine:

VS A15 (4) 15M 9/55

			064	8 CER	TIFICA	ATE OF D	EATH			Reg. D	list. No.	()()	65'
		ederick			ARYLAND	a. STATE	Maryla	ind	b. COUNTY	Fre	deri	ck	
	RURAL ond give			c. LENGTH OF S	TAY IN 16	1	own (If our Freder		te limits, write R	URAL and			
	OR INSTITUTION	ITAL (If not in hospital, g County Chr	11-1	The state of the s		d. STREET A	DDRESS R.F.D.	#2				e. IS RES ON A YES 🎇	
3.	NAME OF DECEASED (Type ar print)	Frank	st	Joy	<sup>ddle</sup> Ma	nn lost		4. DATE OF DEATH	January		Do		Year 19 <i>E</i>
j.	Male Male	6. COLOR OR RACE White	7. MARR		ARRIED	8. DATE OF BIRTH	1886	9.	AGE (In years last birthday) 73 yrs.	Months Months	R 1 YEAR Days	Hours	ER 24 I
	during most of wo Unknown	ION (Give kind of work rking life, even if retired	done 10b.	Unknown	SS OR INDUS		rmont		ntry)	12. C	U.S.		cou
	John	Mann	I.			Unkn					14		5
15. (Ye	WAS DECEASED EN	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice!	SOCIAL SECURITY 80-12-239	36	os. Grace	M. Ma	ann (W:	ife) 1]	L8 E.	Chu	rch	St
	PART 1. Di 422, Canditions, if	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Only, which )		Central Carte	(c)	nyoca	udi	tis		reder		S C	DEA
	gave rise to catse (a), statin	the <u>under-</u> DUE TO		,	20 .6				E-3/6			()	
RTIFICATION	catse (a), statin lying couse las PART II. O	the under DUE TO	DITIONS C	CONTRIBUTING TO			2.9.9			EN IN PA	RT 1(a) 1	9. WAS PERFO YES	RME
MEDICAL CERTIFICATION	PART II. O  20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	immediate g the under- g the under- THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Day, Ye	20b. DES		RY OCCURRED		Finjury in Po	art 1 or Part 1	of item 18.)		RT 1(a) 1	PERFC	NC NC
L CERTIFI	20g. ACCIDENT VOR CONTRIBUTING (FEITHER, NOTIL) 20c. TIME OF INJIMENTAL CONTRIBUTION (FEITHER, NOTIL) 20c. TIME OF INJIMENTAL CONTRIBUTION (FEITHER, NOTIL) 21. I certify alive an	immediate g the under THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Day, Ye  19	20b. DES	CRIBE HOW INJURY NJURY OCCURRED Not white the of work	20e. Pu fac	ACE OF INJURY (I ctory, street, affice occurred at.	tome, farm, bldg., etc.)	20f. (City of Mannes of Ma	r town)  the causes of et, city or town,	that I and an stote)	(County) last so	PERFOYES D	dec
MEDICAL CERTIFI	20g. ACCIDENT VOR CONTRIBUTIN (IF EITHER, NOTH Hour o, m. 21. I certify alive an	THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  IRY Month, Day, Ye  That I attended the	20b. DESI  20b. DESi  White at wor  deceas  19	CRIBE HOW INJURY OCCURRED Not white of work of work of work of the control of the	20e. PL foo	D. (Enter noture of ACE OF INJURY (I ctory, street, office occurred at.)	tome, farm, bldg., etc.)  , ta	20f. (City of Market January)	r town)  the causes of et, city or town,	that I	last so the da	PERFOYES D	dec

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		ma, again		
	ens anno a	I STATE OF	of action symmetric	
( = 1				emili i
an Pene is the k				
		70000	100	
	Shi work at the same of the sa			
		Egy Principal		la visit

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0649 **CERTIFICATE OF DEATH** 

00658 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Frederick	MARYLAN	a STATE	eased lived. If institutions Residence b	efore admission)
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	e limits, write c. LENGTH OF STAY IN 1	b c. CITY OR TOWN III outside of	orporote limits, write RURAL and give	nearest fown)
d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION Erederick Mey	tol, give street address)	d. STREET ADDRESS		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EDWAR	First Middle	MERCER DE	ATH Jun.	Day Year 1960
5. SEX  6. COLOR OR R.  W	ACE 7. MARRIED 1 NEVER MARRIED WIDOWED DIVORCED	The state of the	9. AGE (In years IF UNDER 1 YE last birthday) Months Doy	AR IF UNDER 24 HRS. /s Hours Min.
Oo. USUAL OCCUPATION (Give kind of vector of working life, even if re	vork done 10b. KIND OF BUSINESS OR IN fired)	maryland	gn country) 12. CITIZEN	S.A.
13. FATHER'S NAME William Mers	cer	Jemina Jemina	Barthlow	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no. or unknown) (If yes, give war or dat		mrs Edward Me	ercer mt. Place	aut md.
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	BY: (a) Cecute conge SE (b) Arterios dero (b) Arterios dero (c)		ular diseusé "	Compet and DEATH College Mary C
CATIC	CONDITIONS CONTRIBUTING TO DEATH  20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Port I or		PERFORMED?  YES NO
3		PLACE OF INJURY (Home, farm, 20f. factory, street, office bldg., etc.)	(City or town) (Cour	nty) (Stote)
21. I certify that I attended alive an	10 1	ath occurred at the M. M. ADDRES  M.D. MAD		
220. BURIAL, CREMATION, REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE	IEREOF 22c. NAME OF CEMETER Chasel ADDRESS	Cemetery m	OCATION (City, town, or county)  Likety town  GISTRAR 24b, REGISTRAR'S SIGNA	(Stote) Med
4 C. BOLTON	1110 Office will	240. REC'D BY RE JAN 1		

. . . . . CHEST OF THE PROPERTY OF THE P QUALITY WHILE PARTY SERVICES residential describes has decreased but the companion of the condeath. Poge 4

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

RYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
0.0		CEDTIEIC ATE	OF	DEATH	

MAF

00050

Cirthun S. Ferand

24a. REC'D BY REGISTRAR

FEB 1

DATE

'60

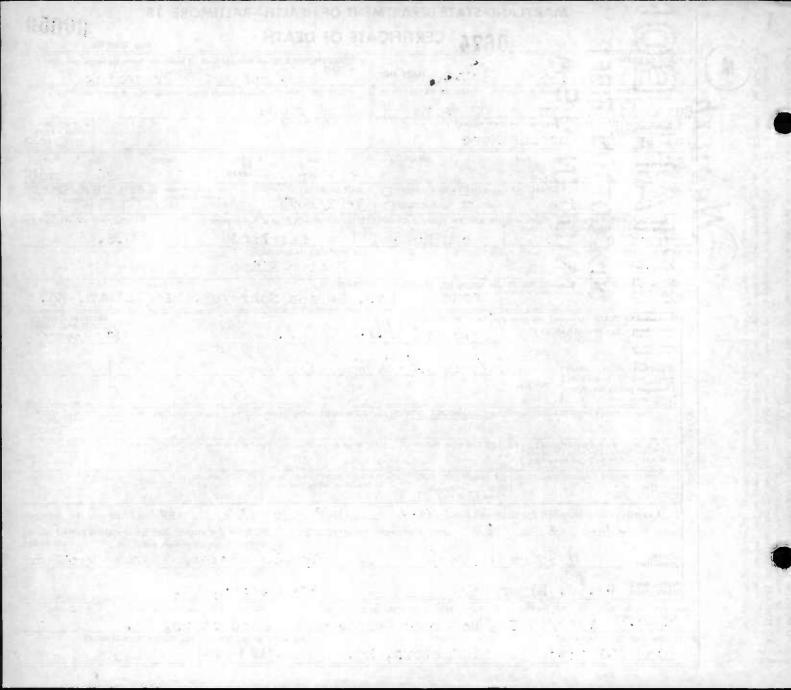
		06	74 CERTIF	ICA	TE OF DEAT	Н		Reg. D	ist. No	0	003
1. PLACE OF DEA	Frederick		MARYLA		2. USUAL RESIDENCE (W. g. STATE Mary	Mark E. M.	b. COUNTY	an: Reside			isian)
b. CITY OR TO	OWN (If autside carporate lim give nearest town)	its, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF	outside carp	orate limits, write F	URAL and	give ne	arest taw	n)
	Middletown		2 years		XMiddletor	m					
d. NAME OF OR INSTITUTE VALLEY	HOSPITAL (If not in hospital, ITION VIEW Nursir	100	address)		d. STREET ADDRESS						SIDENCE A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Mai	nth	Do	у	Year
(Type ar print)	Ada				Miller	DEATH	1		26		1960
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years plast birthday)			+	ER 24 HR
female	white	WIDOW	ED DIVORCED		3/22/1875		84 yrs.	Manths	Days	Haurs	Min.
10a. USUAL OCC	UPATION (Give kind of wark of warking life, even if retired	dane 10b	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (State	e ar foreign	cauntry)	12.C1	IZEN O	F WHAT	COUNTR
housewi		"	own home		Mar	y hand		U	.S.		
13. FATHER'S NA				- 7/1	14. MOTHER'S MAIDEN		=				
Georg	ge P. Wiles				Hester I	Cline					
no unknown)		service)			· Herman	Schro	yer, Mic				
100	DF DEATH [Enter only one co 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	the for (a), (b), and (c).]	Ne	morrhage	ے			ON		D DEATH
331	X DUE TO		1		/ - /						
Canditian	s, if any, which }	1/11	dranged (	irt	erro Selero	sis					
	ta immediate DUE TO										
lying cause		:)									
NOTAL	II. OTHER SIGNIFICANT CON	-	CONTRIBUTING TO DEATI	H BUT N	OT RELATED TO THE TERM	AINAL DISEA	SE CONDITION GI	VEN IN PA	RT 1(a)	PERF	AUTOPS ORMED?
OR CONTRIB	NT WAS UNDERLYING  UTING  CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in	Part I ar Pa	ort 11 af item 1B.)				
20c. TIME OF Haur	INJURY Manth, Day, Ye a. m. p. m.	While	,	De. PLAC facta	E OF INJURY (Hame, far iry, street, affice bldg., e	m, 20f. (Cit	ty ar tawn)		(Caunty)		(Stat
21. I certi	fy that I ottended the	decea	sed from aug		1959 tof	en z	1960	thot I le	ost say	v the c	decense
olive on	Jan 19	196		leoth o	occurred at	M from	the couses or				
	1						Street, city ar tawn,		,		TE SIGNI
ACTUAL SIGNATURE_	J. Els	ner	Horp	м.	D. Mid	llex	oun	me	4	1-2,	7-60
PHYSICIAN'S NAME (Type	Dr. J. Elr	ner :	Harp		Midd.	letow	n, Md.				
22a. BURIAL, CRE REMOVAL (S	MATION, 22b. DATE THEREG	OF .	22c. NAME OF CEMETE				ATION (City, tawn,			(Sta	ite)
buri		50	Reformed	Cem	etery		letown,				
23. FUNERAL DIR	ECTOR'S SIGNATURE		ADDRESS		24a. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S S	GNATU	RE	

Middletown, Md.

TO HOSPITAL O VS A15 (4) 15M 9/5B

Gladhill

Company,



X

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0650 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

00660

									Keg. D	IST. INO.		
o. COUNTY Fred	erick		MARYLA	- 11		DENCE (What		l lived. If institut b, COUNTY		nce befor		ion)
b. CITY OR TOWN ( RUBAL ond give portion of the company of the com	If outside corporate limit	s, write	c. LENGTH OF STAY IN	1 1b		reder:		rote limits, write i	RURAL ond	give near	rest towr	)
d. NAME OF HOSPI OR INSTITUTION 740 North	TAL (If not in hospital, g Market Stre	et	oddress)		d. STREET ADDRESS 740 North Market Street  on A FARM? YES □ NO LOCK					FARM2		
3. NAME OF DECEASED (Type or print)	Fir KAT		MAY		MORGAN		4. DATE OF DEATH	Мо	n# Januai	Day		Yeor 19 60
5. SEX Female	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		DATE OF BIRT			9. AGE (In years birthdoy) 73 yrs	Months	Days Days	Hours	R 24 HRS. Min.
100. USUAL OCCUPATION during most of wor House-W	king life, even if retired)		KIND OF BUSINESS OR At Home	INDUSTR		yland	or fareign co	ountry) .	12. CI	USA	F WHAT	COUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
James E.	Jones	180	313.510		Laur	a E.	Baker					
	R IN U. S. ARMED FOR (If yes, give war or doles of se		social security no.		ormant . Marg	aret	V. And	lers (Sar	dress ne as	item	1 #1	)
20g. ACCIDENT W. OR CONTRIBUTING	the under-	DITIONS C	ONTRIBUTING TO DEAT					7-1-2	VEN IN PAI	RT 1(o) 15	PERFC	AUTOPSY RMED? NO XX
20c. TIME OF INJUS Hour e. m. p. m.	RY Month, Day, Yeo	While	NJURY OCCURRED 2 Not while of work		E OF INJURY ( ry, street, office			or town)		(County)		(Stote)
actual SIGNATURE	Servard ernard 0. I	196	ed fram. Missey, and that of the services, Jr.		228 N	5:05	ket St	the causes	and on t	the dat	e state	deceased ed abave ATE SIGNED 1960
220 BURIAL, CREMATIC	1-12-60	F	Mount Oli			у		llon (City, town, lerick, l		and	(Stot	e}
23. FUNERAL DIRECTOR M. R. Et		n, F	ADDRESS rederick, Ma	aryla	and	240. REC'I	AN REGIST	848 24b. REG	ISTRAR'S S	GNATUR	h4	

VS A15 (4) I5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
003.1 CERTIFICATE OF DEATH ....

	Email of the second	Calcordo		
	No Process		2.0	
	Section 2 - Section 2			
	ACCUPATION OF THE SECOND	You have		
	ST Days South Amount			
				, 2-1-1-1
THE RESERVE OF THE	orien in an			
	and the second		section and anti-order for a St. Company Section 1	
0001 nat 11				VICTATION C
	h was do repert		energy Carma	
e in	PERSONAL PROPERTY.	CHANGE OF STREET		The state of
			The second secon	

TO FUNERAL

VS A15 (4) 15M 9/SS

REMOVAL (Specify) Cremation

over

23. FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** Frederick, Maryland

Cedar Hill Crematory

24a. REC'D BY REGISTRAR DATE JAN 26 '60

246. REGISTRAR'S SIGNATURE

Washington, D.C.

00661

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

mo

PERFORMED? YES NO

(Stote)

Davs

U.S.A.

(County)

ON A FARM?

YES NO TO

Year

1960

	ST CERTIFICATE C	
The state of the s		
	OF SHANKS ASSESSED.	
Annaham The marks		
And the competited recent .t.		A CONTROL OF STREET
		CLEASE TO SEE TO SEE THE SEE T
	AND THE RESIDENCE OF	constraint or
Some provide the Provide D. Provide St. Community of the St. Community o		Other and proceeding on the control of the control
		Em Point
Broke radion of tall an economic	Jimox Vineux Company	

2 -

# with oth. Page 4 runeral director, more be retained to the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral Director of Tuneral IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofthe death. the registrar prior to burial, cremation, or removal, and in any event within 72 hours after

TO HOSPITAL OR A

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0652 **CERTIFICATE OF DEATH**  Reg. Dist. No. 00662

1. PLACE OF DEATH o. COUNTY Frederi	CK MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate RURAL and give negrest (gwn)	e limits, write c. LENGTH OF STAY IN 24 days	The state of the s
d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION Frederia: Memor	ital, give street address) ial Hospital	/ d. STREET ADDRESS  114 Ice Street  o. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
3. NAME OF DECEASED (Type or print) Mazie	First Middle Virginia	Naylor 4. Date Month Day Year OF DEATH Jan 22 1960
5. SEX  F  6. COLOR OR R. C	ACE 7. MARRIED NEVER MARRIED [ WIDOWED DIVORCED	A 3 0 3 0 0   Figst birthday   Months   Days   Hours   Min
10a. USUAL OCCUPATION (Give kind of voluming most of working life, even if re DOMES LIC	work done 10b. KIND OF BUSINESS OR IN stired)	NDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Fred. Co. Md.  12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Daniel Whiten		14. MOTHER'S MAIDEN NAME Gertrude Harper
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unknown) (If yes, give wor or date)		Margaret Naylor-114 Ice St. Fred. Mc
Canditions, if ony, which gave rise to immediate cause (o), stoting the <u>under-lying</u> cause lost.	JE TO  (b) Aren't sclar  JE TO  (c) Dialectes	Welling   10 - 20 yrs   10 -
PART II. OTHER SIGNIFICANT  20g. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING II CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN Haur a. m. p. m.		URRED. (Enter noture of injury in Part I or Port II af item 1B.)  He. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that I attended alive an		-4 , 1958, to Jan. 22 , 1960, that I last saw the deceased eath accurred at 145P M, from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  M.D.  Shopping Center Fred. Md.
220. BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify) 1-26-	220. ITAME OF CEMETER	
23. FUNERAL DIRECTOR'S SIGNATURE  C.E.Hicks 111	ADDRESS Frederick, Md.	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 11 26 60

		04448 \$ 68		
Selector 1	.58		Martinbor.	
	No.trouer:	250 24	22.7	25.45
	departs on 115	Indianal	Lainone.	
	int was received	ninterly .		
	Mar. 1841,930 88		1000	
4 9	.bv .ac .bocy			Downstan
	Contende Durgos		in the	1=10=0
a 1 1 2 4 1 2 2 2 2 2 2	LI-tal god designat	150-30-312		
16 3 1 1 1 1 1 1		4 0 27 3		
		Same and		
	things or Laggett		arometical.	
	Trestin			

N

0

TO HOSPITAL OF

VR A15 (4) 15M 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

0663 **CERTIFICATE OF DEATH**  00663

		000	<u> </u>							47	
LACE OF DEATH	ederick		MAR		o. STATE		10000		-		
CITY OR TOWN (II	outside corporate limi	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	OWN (If ou	tside corporot	e limits, write f	URAL ond g	give neares	town)
70 P A	•		life	>		Mt.	Airv				
. NAME OF HOSPITA		give street	oddress)					- 14	-	e. 1	S RESIDENCE
OK INSTITUTION				- /	100	Suns	et Av	e.			ES NO
NAME OF	Fit	rst	Midd	le	*				nth	Day	Yeor
Type or print)	JOHN		T. NO	RWOOD	of B.		OF DEATH	JAN		22,	1960
EX		7. MARR	IED NEVER MARE					AGE (In years lost birthdoy)			OURS Min.
ale								- 1		00,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLA	CE (Stote o	r foreign cou	ntry)	12. CITI	ZEN OF WI	HAT COUNTRY?
			general		Ma	ryla	nd			U.S.	
FATHER'S NAME				1							30-11
I	orenzo	B. N	orwood		Vir	gini	a Fl	eming			
WAS DECEASED EVER	IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY N	10. 17. INFO	RMANT			Add	iress		34,033
no, or unknown)	f yes, give war or dates of s	22	0-18-189	5 Mi	ss Hil	da N	orwoo	d, s	ame		
		/ /	ne for (o), (b), and (c	:).]	F7 7	1				ONSET	AND DEATH
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	, Ca	reino	ma	0/0	in	10,D				
163X	DUE TO	) "	-10		10	1	A				1.1
Conditions, if or	y, which )	w	ul De	wire	il to	reti	alles	is		1	71
					0						0
lying couse lost.		c)									
PART 11. OTH			CONTRIBUTING TO D	EATH BUT NO	T RELATED TO	THETERMIN	AL DISEASE	CONDITION GI	VEN IN PAR	F	WAS AUTOPSY PERFORMED? ES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED. (	Enter noture of	injury in Po	ort I or Port I	of item 18.)			
	' Month, Doy, Ye	-					20f. (City o	r town)	(0	County)	(Stote)
	19	While of world	Not while	100.0	) sireer, office	olug., etc.,					
	(I) (this has Aita	I) attend	lad the decease	d from	burs	10.6	59 10	Lucy 3	2 10/	of that	//) /wa\ last
The Laboratory and Principles		7 1			the account of						
	ed dive on A ke	W. o.	== 17.00 an	d that area	in accurred	01.55=	M, from II	ne causes a	nd on the	e date st	22b, DATE .
U,	mua	ud	Tale	M.D			D. ECTOR [	STAFF PHYS.		1-0	23-60
22c. PHYSICIAN'S		,			22d. ADDRES		M	a meet a s	2		
NAME (Type)	C. M. V	ANPO	OLE		MIT	. Al	T. A , IV	arylar	10		
			23c, NAME OF CE	METERY OR C				ON (City, town,			(Stote)
NAME (Type)		OF					23d. LOCATIO		or county)	aryl	(Stote) and
	COUNTY  FT  C. CITY OR TOWN (IF RURAL ond give ne  Mt. A  S. NAME OF HOSPIT OR INSTITUTION  NAME OF DECEASED Type or print)  EX  Lale  USUAL OCCUPATION during most of work: Store cl FATHER'S NAME  WAS DECEASED EVER PART I. DEAT  PART I. DEAT  Conditions, if or gove rise to in couse (o), stoting t lying couse lost.  PART II. OTH  20c. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR' HOUR OF. M. P. m.  21. I certify tha	PART I. DEATH [Enter only one course to immediate Cause (o), storing the underlying course lost.  Conditions, if ony, which gove rise to immediate Couse (o), storing the underlying couse lost.  PART II. OTHER SIGNIFICANT CONTRIBUTING CONTR	COUNTY  Frederick  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Mt. Airy  S. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  NAME OF DECEASED Type or print)  EX  6. COLOR OR RACE White Widowing most of working life, even if retired)  STOTE CLERK  FATHER'S NAME  LOTENZO  B. N  WAS DECEASED EVER IN U. S. ARMED FORCES? In o, or unknown)  IB. CAUSE OF DEATH [Enter only one couse per limited of the period of th	COUNTY Frederick  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Mt. Airy  S. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  NAME OF DECEASED Type or print)  EX  6. COLOR OR RACE  Type or print)  TO  OR USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  STOTE CLETK  FATHER'S NAME  LOTENZO  B. NOTWOOD  WAS DECEASED EVER IN U. S. ARMED FORCES?  IND  IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (or part in the	D. COUNTY  Frederick  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RUAL and give nearest fown)  Mt. Airy  J. NAME OF HOSPITAL (If not in hospitol, give street oddress)  J. NAME OF HOSPITAL (If not in hospitol, give street oddress)  J. NAME OF HOSPITAL (If not in hospitol, give street oddress)  J. NAME OF HOSPITAL (If not in hospitol, give street oddress)  J. NAME OF HOSPITAL (If not in hospitol, give street oddress)  J. NAME OF HOSPITAL (If not in hospitol, give street oddress)  J. NAME OF HOSPITAL (If not in hospitol, give street oddress)  J. NORWOOD  J. NOR	O. STATE  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Mt. Airy  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NORWOOD Of B.  LOT OF B.  J. NORWOOD OF B.  J. OR NORWOOD OF B.  J. NORWOOD OF B.  J. OR NORW	O. COUNTY  Frederick  O. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  M. Airy  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital, give street oddress)  J. NAME OF HOSPITAL (If not in hospital)  J. NORWOOD Of B.  Lost  Wildle  Middle  Last  NORWOOD Of B.  DIVORCED   B. DATE OF BIRTH  12-16-1872  Maryla  S. DATE OF BIRTH  12-16-1872  Maryla  J. NAME OF HOSPITAL (If not in hospital)  J. NORWOOD OF B.  DIVORCED   B. DATE OF BIRTH  J. Last  Miss Hilde N  J. NAME OF HOSPITAL (If not in hospital)  J. NAME OF HOSPITAL (If not in hospital)  J. NORWOOD OF B.  J. DATE OF BIRTH  J. Last  J. Last  J. MARELED   NORWOOD  J. Last  J. MARELED   NORWOOD  J. J. INFORMANT  MISS Hilde N  J. J	ARYLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Mt. Airy  1. NAME OF HOSPITAL (If not in hospital, give street oddress)  NAME OF HOSPITAL (If not in hospital, give street oddress)  NAME OF HOSPITAL (If not in hospital, give street oddress)  NAME OF HOSPITAL (If not in hospital, give street oddress)  NAME OF HOSPITAL (If not in hospital, give street oddress)  NORWOOD of B. OSTREET ADDRESS  100 Sunset AV  NAME OF HOSPITAL (If not in hospital, give street oddress)  NORWOOD of B. OATE  DEATH  NORWOOD of B. DATE OF BIRTH  12-16-1872  NORWOOD of B. DATE OF BIRTH  12-1	D. COUNTY  Frederick  MARYLAND  O. CITY OR TOWN (If outside corporate limits, write a cutted of the county)  Mt. Airy  Indeed of the company of the county of the cutted o	D. COUNTY Frederick  Maryland  D. CITY OR TOWN (If outside corporote limits, write rural to the reader lown)  Mt. Airy  J. NAME OF persent lown  In the pers	D. COUNTY Frederick  MARYLAND  D. CITY OR TOWN (If outbide corporate limits, write a cut LENGTH OF STAY IN 1b LITE  Mt. Airy  D. CITY OR TOWN (If outbide corporate limits, write RURAL and give nearest lown)  Mt. Airy  D. CITY OR TOWN (If outbide corporate limits, write RURAL and give nearest lown)  Mt. Airy  D. CITY OR TOWN (If outbide corporate limits, write RURAL and give nearest lown)  Mt. Airy  D. CITY OR TOWN (If outbide corporate limits, write RURAL and give nearest lown)  Mt. Airy  D. STATE  Mt. Airy  D. CITY OR TOWN (If outbide corporate limits, write RURAL and give nearest limits, write RURAL and give nearest lown)  Mt. Airy  D. STATE  Mt. Airy  D. CITY OR TOWN (If outbide corporate limits, write RURAL and give nearest lown)  Mt. Airy  D. STATE  Mt. Airy  D. STATE  Mt. Airy  D. CITY OR TOWN (If outbide corporate limits, write RURAL and give nearest lown)  Mt. Airy  D. STATE  Mt. Airy  D. SATE  D. ACE (In year)  If UNDER ITERS IF  Months D. Doy  D. STATE  Mt. DATE  Months D. STATE  Mt. STATE  Mt. DATE  Months D. STATE  Mt. DATE  Months D. STATE  Months D. STATE  Mt. Mt. Airy  D. STATE  NORWOOD of B.  D. DATE OF BRITH  D. SATE  D. ACE (In year)  D. SATE  D. ACE (In year)  Maryland  D. ACE (In year)  D. SATE  Months D. SATE  Mon

Maria . 12 ... ave monnual care and the second s national designation of the property of the spirit AND THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART BEER', or something en a la company de la company **CERTIFICATE OF DEATH** 

00664
Rea. Dist. No.

		1111						
1. PLACE OF DEATH a. COUNTY	rederick	MARYLAND	II a STAT	E .	here deceased	b. COUNTY	on: Residence bei	
b. CITY OR TOWN RURAL and give Brunswi	*	vrite c. LENGTH OF STAY IN 15	25-	or town (if บทรพา		ate limits, write R	URAL and give n	earest tawn)
d. NAME OF HOSP OR INSTITUTION 107 Wes		street address)	d. STRE	ET ADDRESS	11 C11			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	James	Calvin	Nu	Last L1	4. DATE OF DEATH	Man	2	3 Year 6
5. SEX Male	2073 0 1	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF 1-27-			9. AGE (In years last) (In thday) yrs.	Months Days	R IF UNDER 24 HRS Haurs Min.
10a. USUAL OCCUPAT during most of wo Retired	irking life, even if retired)	10b. KIND OF BUSINESS OR INC Hardware sto		thplace (Stote		ountry)	U.S	A .
13. FATHER'S NAME	J.A.R.Nu	111	14. MOTH	IER'S MAIDEN		Ida Jan	e Hull	V Josef
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES (If yes, give wor or dates of service		informant [rs.Ma]	y Edd	lins,B	Add runswic		land
Canditians, if gave rise to cause (a), stating lying cause last	g the under-	San Oth	d'	ىلى	LSum			NSET AND DEATH
ICATIC		ONS CONTRIBUTING TO DEATH B  DESCRIBE HOW INJURY OCCUR					/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	G CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCUR	KED. (Enter nati	ore ar injury in	rdir i di rdii	ir di nem 10.)		
ZOc. TIME OF INJU Haur a. m. p. m.		20d. INJURY OCCURRED 20e. While Nat while at wark at wark	PLACE OF INJL factory, street,	JRY (Hame, far affice bldg., et	rm, 20f. (City	ar tawn)	(Caunt	y) (State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	C.E.Pruitt	ceased fram.			M, fram ADDRESS (St	the causes an	d an the da	the deceased the stated above DATE SIGNED
22a. BURIAL, CREMATI REMOVAL (Specify BURIAL	1-25-196	20c. NAME OF CEMETERY Blue Ridge		RY		rmont, N		d (Stote)
23. FUNERAL DIRECTO		answick, Mar yla	and		C'D BY REGIST		STRAR'S SIGNAT	

and 2 should be filed with th. Page 4 ral directar, TO HOSPITAL OR ATTIVING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauthe registrar prior to burial, crematian, or remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B

the second the A or to south a particular THE PARTY AND THE PARTY OF THE the piece of the state of the s

- 0	FUNE	ERAL DIRECTOR: After I should be detached	may be retained to be haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the restance of the page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with	he attending physician hen please remave ca	ond complers	etely filled in Poges 1 an	by the eral	director,	1
-	he reg	gistrar priar to burial,	the registrar priar to burial, cremation, ar remaval, and in ony event within 72 Jours after death.	ent within 72 sours off	ter death.		M	9	A
		1	0	)			) ×	1	,
23.	220		MEDICAL CERTIFICATION	15. (Yes.	100.	3. P	3. P ( ( S. S )	1. P	

oth. Page 4

NDING PHYSICIAN: The law requires that the death certificate be executed.

TO HOSPITAL OR

VS A15 (4) 15M 9/SS

	0.43		Re	eg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  FREDERICK	MARYLAND	2. USUAL RESIDENCE (Where o. STATE MARY LAND	deceased lived. If institution: F b. COUNTY	Residence before admission) FREDERICK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	ide corporate limits, write RURA	L and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION ROCK Hill Rt	oddress)	d. STREET ADDRESS Rock Hill		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) EMORY	Middle GOMBER	NUSZ 4.	DATE Month OF DEATH January	Day Year 27 19 60
	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH April 19, 1891	Look break down	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Machinist.	b. KIND OF BUSINESS OR INDU		foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
Emory Moberly Nusz		Marry Gombe	or	
	6. SOCIAL SECURITY NO. None	Margaret Young	Address Nusz: Freder	ick, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate code (o), stating the under- lying cause tost.  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Compare to the under- lying cause tost.  Compare To the under- lying cause tost.	Interior of Charles	note feat	LDISEASE CONDITION GIVEN	3 gears
OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ED. (Enter nature of injury in Part		PERFORMED? YES NO
Hour o. m. Whil		LACE OF INJURY (Home, form, poctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decedalive on 27, 19  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	ased from Och (60), and that death			on the date stated above    DATE SIGNED
220. BURIAL, CREMATION, REMOYAL (Specify) Burial Jan 30. 1960	22c. NAME OF CEMETERY O	OR CREMATORY 22	d. LOCATION (City, town, or co	ounty) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE DAILEY'S FUNERAL HOME	ADDRESS. FREDERICK,		M DECISTOAD DAL DECISTOA	R'S SIGNATURE

	2000 200 200 200	A PLANTING THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PAR	
and had a street	MIASUSOAU	ADMITTED. 35	
			Market State of State
		ENDRETT	
	The state of the s		),
	and the state of t		
	A STATE OF THE STA		o Zelook
	Toleral (Tal		and france expension
the secondary	nada Tambah panar basawa i	97 77 H 110874-30 8207	
Clear Called In American Comments of the Comme		CHARGE INTO THE STATE OF THE ST	
Clear Calin I		Company of the compan	
Clear Calin I	Communication of the Communica	CHARLES IN THE PLANT OF T	

5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the profess 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours deep death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4 may be retained the hospital or attenting physician.

TO FUNERAL DIRECTAL: After this certificate has been signed by the attending physician and completely filled in by the 069

VS A1\$ (4) 15M 9/55

06	3 CERTIFICA	AIL OI DEAIII		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Frederick	MARYLAND	manylan	d. b. COUNTY	oni Residence before admission) Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	27 Pers.	c. CITY OR TOWN (If outside	de corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION  The advance Ment or Case	e Hosp.	1 d. STREET ADDRESS	r. St.	IS RESIDENCE     ON A FARM?     YES \( \bigcap \) NO \( \bigcap \)
3. NAME OF DECEASED (Type or print) HOWARD	ALONZA	-	DATE Mon OF DEATH	17 1960
5. SEX    6. COLOR OR RACE   7. MARRIED		B. DATE OF BIRTH  Sou , 13, 188	9. AGE (th years last birthday) 73 yrs.	Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	1. Iran + Stee	11. BIRTHPLACE (Stole or to	oreign country)	12. CITIZEN OF WHAT COUNTRY
Charles Franklin Pe	rter	Mary Eliza	beth Bai	les
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes, no. or unknown) (If yes, give wor or dates of service)	17. 11 1 10 -3 00 2 b	nformant / Herbest Pa	rter 14 W. C	ross allege Tr. Fred
18. CAUSE OF DEATH [Enter only one cause per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).]	dial Infan	_	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	kulmon	any Edem		2 days
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES □ NO □
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter nature of injury in Part	I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While at work [	_ Not while for	ACE OF INJURY (Hame, larm, 2 ctory, street, affice bldg., etc.)	Of. (City or town)	(Caunty) (State)
21. I certify that I attended the deceased alive an	2. 7			that I last saw the decease and an the date stated abov state) DATE SIGNE
PHYSICIAN'S BO. Tho	-mas		2	em. 19, 1960
REMOVAL (Specify) 1/20/60	mt. Olivet	Remetery =	LOCATION (City, 1841), Enedesick	ar caunty) (State)
23. FUNERAL DIRECTOR'S SIGNATURE  4. E. Bartan Wa	ADDRESS	md DATE INN 2		STRAR'S SIGNATURE

	III - III - A C - sheether	CERTIFICATE		
		neurose		
THE COMMENT OF THE CO				
			V V/0 × 100 ×	
			and parameters of the second of the	o with set 1 (i)

ST SSOMITISS.

death.

the registrar priar ta burial, crematian, ar remaval, and in any event within 72 hours after

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIFICATE OF DEATH

00667

			063	14 CEI	KIIFICA	IE OF DEA	ΝП		Reg. Dis	it. No. U	0001
1. PLACE OF o. COUNTY	V	erick			MARYLAND	2. USUAL RESIDENCE a. STATE Mary	(Where decease	d lived. If institution b. COUNTY	on: Residence	ster	dmission)
RURAL	R TOWN (If a and give neor erick	utside carporate limi est town)	its, write	since 12			(If outside corpo	orate limits, write R	23 X		tawn)
d. NAME (	OF HOSPITAL	(If not in hospitol, g	give street Hom	oddress)		d. STREET ADDRES	SS			e. I	S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or pr		Fii EDTT		The state of the s	iddle	QUILLEN	4. DATE OF DEATH	Man Ja	<sub>th</sub> muary	Day 19,	Yeor 19 60
Femal		. COLOR OR RACE White	7. MARI		ARRIED 8	26 Dec 188	35	9. AGE (In years last birthdoy) 74 yrs.	. 1		UNDER 24 HR
10a. USUAL O during m	occupation ost of working	(Give kind of work g life, even if retired Ork	done 10b.	At Home	ESS OR INDUST	Camden	N. J.	auntry)		ZEN OF WI	HAT COUNTRY
13. FATHER'S		E. Meade				14. MOTHER'S MAID	eth A. B	arr			
15. WAS DECE (Yes, no, or unknown)	EASED EVER II	N U. S. ARMED FOR res, give war or dates of s		SOCIAL SECURIT		ryland Odd	Fellows	Home Rec			
gave r cause (a lying ca	ians, if any, ise to immo), stoting the ause lost.	nediate DUE TO	) )	CONTRIBUTING T	O DEATH BUT I	NOT RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV	'EN IN PART	F	WAS AUTOPS' PERFORMED? ES \( \sqrt{NO} \)
(IF EITHE	OF INJURY or a. m. p. m.	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Yee	ar 20d. I	CRIBE HOW INJU	D 20e. PLA fact	. (Enter nature of injur CE OF INJURY (Home, ary, street, affice bldg.	form, 20f. (City		(0	Caunty)	(Stote
21. I ce alive a ACTUAL SIGNATU	ertify that	l attended the Jan. 18,	deceas	ed fram. J.	an. 4,	occurred at 6:1	ADDRESS (Surch St.	19, 1960, the causes an	d an the	dote st	he decease rated obove DATE SIGNE IN 1960
220. BURIAL,	77-7	22b. DATE THEREO 1-22-60		22c. NAME OF	cemetery or		22d. LOCA	TION (City, town,		mer man final many may final maps up	(State)
M. R.		ison & Son	a, Fr	ADDRESS		240	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIC		10.2

TO HOSPITAL OR AT TOING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with VS A15 (4) 15M 9/58

HTASO TO BY SELECT DESIGN auditourer bunden de faire de faire THE RESERVE OF THE PARTY OF THE the state of the s 4tell to the state of the state Manager and the second Both like late Alber, Hallacher, Easylone

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00668

0655	CERTIFICATE	OF DEAT
11000	OLICITIONIE	01 02/11

3. FATHER'S NAME  William H. Reese  1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16  (Yes, nacor unknown) (If yes, give wor or dotes of service)  18. CAUSE OF DEATH [Enter only one couse per 1  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  UE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS.  20a. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. While	MARYLAND  c. LENGTH OF STAY IN 1b  Life  oddress) tal  Middle BURCK  HEDXXNEVER MARRIED   B. ED   DIVORCED   ED   KIND OF BUSINESS OR INDUST  COCETY Store  SOCIAL SECURITY NO. INI  Unk Mrs  He for (o), (b), and (c).]	c. CITY OR TOWN ( // Fred /d. STREET ADDRESS 638  REESE  D. DATE OF BIRTH 8 May 1901  TRY 11. BIRTHPLACE (SM. Frederi 14. MOTHER'S MAIDE! Ella Este FORMANT  Edna M. R	land  If outside corporate linerick  Trail. Aven  1. DATE OF DEATH  1. P. AGE OF LINE	Month Janua  E (In years lift Worthdoy) Orthdoy) Orthdoy) I I Wood	rederick L ond give neorest  e. I YI  Day ary 27, UNDER I YEAR IF Donths Days H  12. CITIZEN OF WI  USA	town)  S RESIDENCI DN A FARM? S NO Year 19 60  UNDER 24 H DUTS Min HAT COUNTR
RURAL ond give nearest town)  Frederick  d. NAME OF HOSPITAL (If not in hospitol, give street FOR INSTITUTION Frederick Memorial Hospi  3. NAME OF DECEASED (Type or print)  5. SEX  Male  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  101. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  102. USUAL OCCUPATION (Give kind of work done of UDA during most of working life, even if retired)  103. FATHER'S NAME  William H. Reese  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, navor unknown)  16. CAUSE OF DEATH [Enter only one couse per I part I. DEATH WAS CAUSED 8Y: (MARCHITE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), stoting the underlying couse lost.  17. WAS DECEASED EVER IN U. S. ARMED FORCES? (b) DUE TO Conditions, if only, which gove rise to immediate couse (o), stoting the underlying couse lost.  18. CAUSE OF DEATH [Enter only one couse per I part II. OTHER SIGNIFICANT CONDITIONS (b) DUE TO CONDITIONS (c) DUE TO CONTRIBUTING CAUSE OF DEATH (c) DUE TO CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUT	Life  oddress) tal  Middle BURCK  SIEDXNEVER MARRIED   B. DIVORCED   KIND OF BUSINESS OR INDUST COCETY Store  SOCIAL SECURITY NO. INI Unk  Wrs  The for (o), (b), and (c).]	d. STREET ADDRESS 638  Lost REESE 3. DATE OF BIRTH 8 May 1901 TRY 11. BIRTHPLACE (SM. Frederi 14. MOTHER'S MAIDE! Ella Este	Trail Aven  A DATE OF ACT OF A	Month Janua E (In years lif U birthdoy) Mo yrs.	Doy 27, UNDER I YEAR IF On this Doys H USA  em #2)	S RESIDENCE ON A FARMING NO IN
Frederick Memorial Hospi  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  Male  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  3. FATHER'S NAME  William H. Reese  15. WAS GAUSED EVER IN U. S. ARMED FORCES?  16. (Yes, nar or unknown)  18. CAUSE OF DEATH [Enter only one couse per 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  4. 2. DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS.  7. MAR  William H. Reese  15. WAS CAUSED FORCES?  16. COLOR OR RACE  7. MAR  WIDOW  10b.  10c.  11b.  12c.  12c.  13c.  14c.  15c.  16c.  16c.  17c.  16c.  16c.  16c.  17c.  16c.  16c.	Middle BURCK  BURCK  SEE D DIVORCED BEIND STORE  BUSINESS OR INDUSTROCETY Store  SOCIAL SECURITY NO. UNK  Unk Mrs  The for (a), (b), and (c).]	REESE  B. DATE OF BIRTH  B. May 1901  TRY 11. BIRTHPLACE (Str. Frederi  14. MOTHER'S MAIDE Ella Este  FORMANT  Edna M. R	Trail Aven  4. DATE OF DEATH  9. AG (Substitution of the country) or the country) or the country	Month  Janua  E (In years prichdoy)  yrs.  Ind	Day 27, UNDER 1 YEAR IF DON'S HIZ. CITIZEN OF WILL USA	Year 1960 UNDER 24 H OURS Mir
Type or print    FRANKLIN	BURCK    IEDXX NEVER MARRIED	REESE  B. DATE OF BIRTH  8 May 1901  TRY 11. BIRTHPLACE (SN. Frederi  14. MOTHER'S MAIDE  Ella Este  FORMANT  Edna M. R	ote or foreign country) ck, Maryla NAME	Janua E (In years life U brithdoy) Mo yrs. Ind	under 1 year if intervention in intervention i	1960  JINDER 24 H  BOURS Mill  HAT COUNT
Male White WIDOW  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Clerk—Meat Department  3. FATHER'S NAME  William H. Reese  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16  (Yes, naror unknown) (If yes, give wor or dates of service)  18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS.  OR CONTRIBUTING (C)  20a. ACCIDENT WAS UNDERLYING (C)  OR CONTRIBUTING (C)  OR CONTRIBUTING (C)  20c. TIME OF INJURY Month, Doy, Year 20d. While of work and the decean county that I attended the decean count	ED DIVORCED DIVORCED SKIND OF BUSINESS OR INDUST POCETY Store  SOCIAL SECURITY NO. UNK  Unk Mrs  The for (o), (b), and (c).]	8 May 1901 TRY 11. BIRTHPLACE (SM Frederi 14. MOTHER'S MAIDEL Ella Este FORMANT Edna M. R	ote or foreign country) ck, Maryla NAME lle Feiser	nd Address	Doys H 12. CITIZEN OF WI USA  em #2)	AL SETWEE
Clerk—Meat Department  3. FATHER'S NAME  WILLIAM H. Reese  IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. (Yes., noor unknown)  18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING (c)  PART III. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING (c)  200. ACCIDENT WAS UNDERLYING (c)  200. TIME OF INJURY Month, Doy, Year 20d. While of wo 21. I certify that I attended the decea	social security No. Unk Mrs The for (c), (b), and (c).]	Frederi 14. MOTHER'S MAIDEI Ella Este HORMANT . Edna M. R	ck, Maryla	nd Address	USA em #2)	AL BETWEER
WILLIAM H. Reese  IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16  (Yes, no or unknown) (If yes, give wor or dates of service)  18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING (c)  PART II. OTHER SIGNIFICANT CONDITIONS  20b. DESCRIPTION OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. While of wo. m. p. m. 19  21. I certify that I attended the decea	Unk Mrs ne for (o), (b), and (c).] coronary Thrombo	Ella Este	lle Feiser		INTERV	L SETWEEL
(Yes, no or unknown)    (If yes, give war or dates of service)      18. CAUSE OF DEATH   Enter only one couse per I PART I. DEATH WAS CAUSED 8Y: (MMEDIATE CAUSE (o)	Unk Mrs ne for (o), (b), and (c).] coronary Thrombo	• Edna M. R	eese (Sam		INTERV	L 8ETWEE
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  4 2 0 1 DUE TO  Conditions, if ony, which gove rise to immediate couse (o), storing the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS.  20a. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. While of wo 21. I certify that I attended the deced	oronary Thrombo	osis			INTERV ONSET	L BETWEEN
Gove rise to immediate couse (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS.  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. While of wo 21. I certify that I attended the decea			- Di		0 3	HECKS
OR CONTRIBUTING © CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 while of wo  21. I certify that I attended the decea	ypertensive Car	rolovascula	Disease		0 1	ears
OR CONTRIBUTING DI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 19 white of wo 19 mm.  21. I certify that I attended the decea					IN PART 1(0) 19. Y	VAS AUTOI ERFORMED S NO
Hour o. m. 19 While of wo	CRISE HOW INJURY OCCURRED.	. (Enter noture of injury	in Port I or Port II of i	tem 18.)		
21. I certify that I attended the decea alive an Jan. 26, 19		CE OF INJURY (Home, f tory, street, office bldg.,		n)	(County)	(St
ACTUAL SIGNATURE SUCKEY C. K	ed from Jan. 10	, , ,,, , ,,,	ADDRESS (Street, ci	auses and a		ated abo
PHYSICIAN'S R. C. Reynolds,  220. BURIAL, CREMATION, 22b. DATE THEREOF	,	Frederic	k, Md.	Lity, town, or co	ounty)	(Stote)
BET 131 (Specify) 1-30-60	M. D.	CREMATORY		9 9.0	yland	

TO HOSPITAL OR A NUMBER PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/58

VS A15 (4) 15M 9/55

TO HOSPITAL OR A DING PHYSICIAN: The low requires that the death certificate be executed within 24 hours off 1th. Page 4 may be retained by haspital or attending physician.

TO FUNERAL DIRECT.... After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00669

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 1, PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write L. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) 10N DridgeMI AME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 3. NAME OF First Middle 4. DATE Last Month Year Day DECEASED (Type or print) DEATH 1960 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Days Haurs Min. DIVORCED [ WIDOWED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) arm 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John D. Roop Edith Pfoutz Roop 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO catse (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFI 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Day, Month, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) Haur a. m. While Not while at work at wark p. m. 21. I certify that I attended the deceased from \_/ ? 19\_\_\_\_that I lost saw the deceased ond that death occurred at 22 P M, from the causes and on the date stoted obove. ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JAN '60 arthur & Kenya

White the contract of the parameter of the first one of the contract of the parameter of the contract of the c the section of the se product of the Comment of the Part of the Comment o A Sharphia will a water or our for any contract after a fill it has a

069

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0	0	6	7	()

	065	6 CERTIFICA	ATE OF DEATH		Reg. Dist	. No.
	1. PLACE OF DEATH COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Whe	b. C	OUNTY	e before admission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	tside corporate limits,		
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	3 O W11		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Ida	Middle	lost Rudy	4. DATE OF DEATH	Month	Day Yeor 7.5 19 60
	s. sex 6. COLOR OR RACE 7. MAR White WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9/20/1881	9. AGE (In lost bir		YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote o		12. CITI:	ZEN OF WHAT COUNTRY?
	/3. FATHER'S NAME Charles M. Clem		14. MOTHER'S MAIDEN NA			
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) (If yes, give wor or dates of service)	social security No. 17. I	NFORMANT		Address Middleto	wn. Md.
	18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)			ncreas		INTERVAL BETWEEN ONSET AND DEATH 37126-0
	157 × DUE TO					
	gave rise to immediate code (a), stating the <u>under-lying cause last.</u> (b)  DUE TO					
)	PART II. OTHER SIGNIFICANT CONDITIONS  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING LAURE OF DEATH  OF CONTRIBUTING LAUREN (1)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITI	ON GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I ar Port II of item	18.)	
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of wo	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(Ca	ounty) (State)
	21. I certify that I attended the decear	sed from 8 Jan	NO 7/1 A	1		ost saw the deceased e date stated abave
	ACTUAL MULLIUM &	Kea me		DDRESS (Street, city o		AVE 1/16/18
	PHYSICIAN'S MELVIN E	Thea	Fred	derick	, Mel	<i>(</i> , <i>( ( ( ( ( ( ( ( ( (</i>
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1/17/1960	22c. NAME OF CEMETERY C	meterv	22d. LOCATION (City. Middleto		(Stote) Md •
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ddletown, Md	24a. REC'D	8Y REGISTRAR 24	b. REGISTRAR'S SIGN	NATURE

	EQ 90 BEA		
		manay.	
			The state of the s
			The second secon
			The second secon

0657 **CERTIFICATE OF DEATH**  00671

		1001				IST. INO.
o. COUNTY	EDERICK	MARYLAND	2. USUAL RESIDENCE (WE O. STATE MARY LA		institution: Reside	nce before admission)
b. CITY OR TOWN ( RURAL and give n FREDERIC	If outside corporate limits, vegest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF C	putside corporate limits. DERICK	, write RURAL ond	give nearest town)
OR INSTITUTION	TAL (If not in hospitol, give		d. STREET ADDRESS	All Saints	St.	e. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First HOWA	RD EDWARD	SCHADE.	4. DATE OF Jan DEATH	Month,	Day Year
s. sex	2270 8 5	MARRIED A NEVER MARRIED DOWED DIVORCED	8. DATE OF SIRTH Aug. 31, 1890	9. AGE (I lost by	n yeors IF UNDE	R 1 YEAR IF UNDER 24 HF Doys Hours Min.
100. USUAL OCCUPATION during most of work Janitor	king life, even if retired)	Janitor at High				TIZEN OF WHAT COUNTR
13. FATHER'S NAME Chris	stian Schade		14. MOTHER'S MAIDEN N	ne Runkles		
	R IN U. S. ARMED FORCES (If yes, give wor or dates of service		INFORMANT S. William E.	Schade	Address Frederic	k, Maryland
PART I. DEA  44 20, 0  Conditions, if o gove rise to i couse (o), stoting lying couse lost.	NTH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  ny, which mmediate  DUE TO	Arral Fibr	Embole Mation	ent Des	eon	interval serveen onset and death 15 Minut 7 years G years
PART II. OTH	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH 8U	T NOT RELATED TO THE TERM	inal disease condit	ION GIVEN IN PA	RT 1(0) 19. WAS AUTOPS PERFORMED? YES NO
	AS UNDERLYING   20th   CAUSE OF DEATH   MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of item	18.)	
20c. TIME OF INJUR Hour o. m. p. m.	10		LACE OF INJURY (Home, form octory, street, office bldg., etc			(County) (Sto
21. I certify th	at attended the de	0	Y, 1953_, to) h occurred at_3_YSA			ast saw the decease
ACTUAL SIGNATUREPHYSICIAN'S	Mille	horlun	M.D. 22FM	ADDRESS (Street, city  Meulet		DATE SIGNI
ACTUAL SIGNATURE	Dr. L.R.Schoo	Iman    22c. NAME OF CEMETERY C	M.D. 22FM	Mculut	or town, state)  Add  , lown, or county)	DATE SIGNI

may be retain the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs the registrar priar ta burial, crematian, ar remayal, and in any event within 72 haurs after death.

TO HOSPITAL 9

VS A1S (4) 15M 9/S8

death. Page 4

10 102 Lat THE STATE OF THE S AND THE STATE OF T ent control and the control of the c James, Harthan, - James as Mile Joseph Landenicky bis Bolishin and all its A DESCRIPTION OF THE PROPERTY OF THE PARTY O is the control of the the state of the s nin for sec. by the say that THE PERSON OF THE STATE OF THE content etc. Previlent.

(	H	1
		1

eath. Page 4

may be retained:

be hospital or attending physician.

Chureral Director:

After this certificate has been signed by the attending physician and campletely filled in by the transfer director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

NDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR	may be retained	TO FUNERAL DIREC	page 3 should be	the registron prior
1			55	

U	) [			Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe	ore deceased lived. If institution b. COUNTY	ani Residence before admission)
Frederick	MARYLAND	Maryla:	ndcom	Frederick
b. CITY OR TOWN (If autside carporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside carporate limits, write Ri	URAL and give nearest town)
Rural- Kemptown	years	X Rural	- Kemptown	
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
RFD # 1, Monrovia		RFD #1	Monrovia	YES NO NO
3. NAME OF Pirst DECEASED	Middle	Lost	4. DATE Mont	th Day Year
(Type or print) Cora	L.	Sier	of DEATH Janu	ary 11 1960
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White w	DIVORCED [	Sept. 5. 18	887   last birthday) 72 yrs.	Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work don	e 10b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) HOUSEWITE	Own Home	Frederi	ck Co., Md.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
George E. Raines		Ida F.	Norwood	
15. WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT	Addr	ess
(Yes, no. or unknown) (If yes, give wor or dates of service		ward L. Sie:	r. RFD #1. N	Monrovia, Md.
18. CAUSE OF DEATH [Enter only one cause	per line far (a), (b), and (s).]	1		INTERVALBETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Gerebra TI	Demotorio		ONSET AND DEATH
422./ DUE TO	2 1 2 1 4	1	0 1	1
Conditions, if any, which )	Interiozala rati	e and Time	realon dis	Ours House
gave rise to immediate DUE TO		- Car cacoro	- Corre	
lying cause last.				V
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDIT				PERFORMED?
# 20a, ACCIDENT WAS UNDERLYING 1 201	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	art 1 ar Part II af item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or tawn)	(County) (State)
Hour o. m. 19	While Nat while fac	ctary, street, affice bldg., etc.)		
21. I certify that & attended the de	accord from 8/14	1953, to 1	111 30 60	that I last saw the deceased
alive an	# A			nd an the date stated above
dive di	, and mai deam		DDRESS (Street, city or town,	
ACTUAL CONTRACTOR	setui			1/13/6
SIGNATURE	7000	M.D	scus, Md.	
PHYSICIAN'S James P. K	Terr			
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, tawn, a	r caunty) (State)
Burial Jan. 14.10	60 Providenc	e Meth	Kemptown	Ma
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE
Cellin L. Notesia	nun Damascus,	Md. DATE JA	IN 1 5 '60 C	ribur S. Krous

Table   Tabl			ortic sale.	4 54 20	
The content of the					
The property of the property o			THE STATE OF THE S		-1.05:00
The state of the	recondendad a la l	The last		Literature III	
				A Control	
A CONTROL OF THE PROPERTY OF T			el morecular de la company		
				and the same	
					HIPOTO NO.
TOTAL SECTION SERVICES AND SERV	TO	30.740.00	to all the M		The Land
					THE PERSON
ALREADY OF THE PROPERTY OF THE		Fall . F Mo.		- Serting	0.00
	. al . alverter . Fr Asi				
The second secon					
The second secon					
en i (1884 et sion en 1900 de la companya del companya de la companya de la companya del companya de la companya del companya de la companya del companya de la companya del c					241
	and of the state with the broad and the state of the stat	A SE LEW LONG OF			
	and the state of t	A SE LEW LONG OF	reliant test and		
		TABLE TOWNS	in the second second		

	06	358 CERTII	FICAI	E OF DEATI	Н		Reg. Dist.	No.	
PLACE OF DEATH     O. COUNTY	Frederick	MARYL	11	o. STATE Ma:	here deceased I ryland	b. COUNTY		before admission)	
b. CITY OR TOWN RURAL and give Frederi		c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF		te limits, write Rt Rural —F		e negrest town)	
d. NAME OF HOS OR INSTITUTION Freder	SPITAL (If not in hospital, give : Sicklemorial Ho	street oddress) espital		d. STREET ADDRESS Johns	ville			e. IS RESIDEN ON A FAR YES NO	RM?
3. NAME OF DECEASED (Type or print)	First CARRI	MAUD	5	lost	4. DATE OF DEATH	Jan	th	Day Year	
s. sex Female		MARRIED NEVER MARRIED  DOWED DIVORCED		ATE OF BIRTH January 23,	1883	AGE (In years last birthday) yrs.		YEAR IF UNDER 24 ays Haurs /	4 HRS Min.
during most of w House	ATION (Give kind of work done working life, even if retired) —WIIE	10b. KIND OF BUSINESS OF Home	RINDUSTRY	11. BIRTHPLACE (Stote	or foreign cou Marylan	d d	12. CITIZ	USA	UNTI
13. FATHER'S NAME Cha	rles W. Miller		1	4. MOTHER'S MAIDEN I	NAME otte She	ffer			
15. WAS DECEASED E (Yes, no. or unknown) NO	EVER IN U. S. ARMED FORCES! (If yes, give wor or dates of service		Mr.	Atthur I.	Sines-S	Addr		2	
PART 1. [	DUETO	Sung al agrication	nees p	reumoni	4			INTERVAL BETWE ONSET AND DE 3 WKS	ATH
20g. ACCIDENT	OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEA	leon	2			EN IN PART 1	(a) 19. WAS AUTO PERFORME YES NO	D?
20c. TIME OF IN. Hour o. r	JURY Month, Day, Year	20d. INJURY OCCURRED While Not while of work	20e. PLACE foctory	OF INJURY (Home, farm, street, office bldg., etc.	m, 20f. (City o	r tawn)	(Co	uniy) (	(State
21. I certify alive on	that I attended the de	ceased from Dax 1860, and that Chase	20 death od	19 <b>69</b> , to curred at $Z^{35}$			ind an the	DATE	abo
220. BURIAL, CREMA REMOVAL (Spec	Jan.20, 19			emetery	Fred	ON (City, town, o		(Stote) Maryland	d
M. R. Etc	chison & Son, I	Frederick, Mar	yland		JAN 1 9 '6		STRAR'S SIGN	Hature Haran	

TE OF DEATH	AGS. CERTURICA
	marrain Spire Mil
TIP TO THE TOTAL OF THE TOTAL O	
The Part of the Pa	A COME OF BUILDING
myster - 12 films	
Titles (a let will had of the parents south	
	and any such constraints and the first first of the first
	To the second property the second property that I T and the second property that the second prop
	The state of the s
The Part of Market of Transals and the State of the	Brown probe salues . Sep, Or Corolly Corollan

The state of the s	CERTIFICATE OF	1870
		The state state of the state of
		The state production of the state of the sta
		STATE STATE OF STATE
		The state of the s
		The control of the co
		The second secon
	And the second s	The second secon

Page 4

DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

()	0	6	7	5

		067	CERTIFIC	ATE OF DEAT	TH		Reg. Dist. N	lo.	
1. PLACE OF DEATH a. COUNTY	ederick		MARYLAND	2. USUAL RESIDENCE (	Where decease	ed lived. If institution b. COUNTY	Residence be		sian)
b. CITY OR TOWN (	If autside carporate lin	mits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		orate limits, write RU			n)
RURAL and give n			30 years		1 Tane				
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital,	give street o	address)	d. STREET ADDRESS	I lane	y LOW I)		ONA	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Grace	First	Middle Louisa	Lost Stull	4. DATE OF DEATH	Month January		Day /.	Year 19 60
5. SEX	6. COLOR OR RACE		ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	FUNDER 1 YE		ER 24 HR
Female	White	WIDOWE	D DIVORCED	June 27, 18	89	70 yrs.	Manths Day	Haurs	Min.
0a. USUAL OCCUPATION	ON (Give kind of warl	k dane 10b.	KIND OF BUSINESS OR IND				12. CITIZEN	OF WHAT	COUNTRY
Housework	king`life, even if retire		Own home	Panna			II.S	7	
3. FATHER'S NAME			JWIT HOME	Penna.	NAME		1 0.0	• 11 •	
******									
IS. WAS DECEASED EVE	am Harner	DECESS 14	SOCIAL SECURITY NO	Nettie	E. Wei	Kert. Addre			
	(If yes, give wor or dates of		SOCIAL SECONITI NO.	IN OKMANI		Addie	3,		
no				Irs. Erancis	Lookin	gbill, Tar	eytown		
18. CAUSE OF DE	ATH [Enter anly ane	cause per lin	e far (a), (b), and (c).]				11	NTERVAL BI	ETWEEN
PART I. DEA	IMMEDIATE CAUSE	(0)	oronary	Hrtery	Ocal	0510h		121	me
420.1	DUE T								
		0		Duton	1	erosis			
Canditians, if a	mmediate	(b)	prenary	Trteri	0501	E. F 0 3 1 5			
cause (a), stating		О					,		
lying cause last.		(c)							
PART II. QT	HER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO DEATH BL			SE CONDITION GIVE	N IN PART 1(a)	19. WAS	AUTOPSY ORMED?
3 /0	Muera	way	ed Witu	woolever	u				NO
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	H	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Part I ar Pa	rt 11 of item 1B.)			
20c. TIME OF INJUI Haur a. m.	RY Manth, Day, Y	fear 20d. IN	JURY OCCURRED 20e. F	PLACE OF INJURY (Hame, fo	arm, 20f. (Cit	y ar tawn)	(Cauni	(y)	(State
Haur a.m.	19	While	Nat while f	actary, street, affice bldg.,	etc.)				
-		ui wuri		60	1121				
21. I certify the	nat   attended th	e decease	ed fram 2/9	19 <b>59</b> , to_	1416	6, 19,tl	hat I last so	aw the c	decease
alive an	114/60	, 19	, and that deat	h occurred at 7:15	3_M, fram	the causes and	an the da	te state	d abav
		*	1			Street, city ar tawn, s			TE SIGNI
ACTUAL	K. A	m	cil aunt		au	culoin	. Jun	1. 11	14/4
SIGNATURE	3			M.D		A			oto
PHYSICIAN'S NAME (Type)	11.5.	Me	Varigh			V			
220. BURIAL, CREMATIC		EOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, tawn, ar	caunty)	(Sta	te)
REMOVAL (Specify) Burial	Jan. 7.	1966			-				
3. FUNERAL DIRECTOR		1700	ADDRESS		C'D BY REGIS	neytown, A	RAR'S SIGNAT		
110000	200 (-1/)	ess							
C.O.Fuss	& Son	Tan	evtown, Marvl	and DATE	AN 8 '6	O.I	0 4		



THATO TO TRADMITHE A BEAU - Committee Comm 1354830 - 1258 S. Killer Land There in market hall the last Account of the Contract of the Mary at Oak Ball To the control of

4	2		o,	1
Se	Pla		noti	1
9	sho		crer	4
0.	4		10	
San			. L	
ces			90	
s ne	ctor		20	
y is	Jire	es.	pri	
delo	10	11 11	ror	
×	ner	You	gis	
fa	5	For	e re	
-	ŧ	P	#	
oth	3 to	oi.	大き	
do -	g	re	2	
ffe	Ö	be	puo	
73	7, 2	nay	-	
hou	es	5	ge	
24	Pog	age	e b	1
ië.	ve	٣	Ē	1
Wit	O	M3.	÷:	
ed	8	9	ern	
SCU	E	farr	0.	
e ×	===	th	Ons	
be	=	3	+	
old	enc	ono	UT.	
sha	F	0	ob	
o te	:	ffic	OS	
ifice	ding	0	sed	
Cent	Den	. Le	9	
sis o	:	'n.	9 P	
F	VOL	Exc	200	
KER	9	Cal	3 5	
MIP	100	edi	96	
XX	ii.	F X	9	
THE PER	Ť	9	0	
CA	0	ē.	ECT	
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours offer death. If any delay is necessary, please exe-	cute the certifical riting the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director.	0 th	DIR	
YR	cert	d to	AL	-
TO	he	rde	ER	or removal.
DEP	0	LWG	5	rer
0	2	Ęō.	0	0
-			-	

VS. A15ME(5) 5M 9/55

Item 20	Film	MEDICA MEDICA	STATE DE	PARTME	NT OF H	FICATE O	LTIMOR F DEAT	RE, 18 H Reg. D
I. PLACE OF o. COUNT	DEATH	Frederick	<del>-0000</del>	MARYLAND	2. USUAL RES	Maryla	nd b. Co	Institution: Resid

ltem 20 r	MI 254 102		LEXAMINER	'S CERTI	FICATE	OF DE	ATH	Reg. Dist. No	006	76
1 PLACE OF DEAT	н		<b>U080</b>	2. USUAL RE	SIDENCE (Where	deceased live	d. If Institut	tion: Residence bef		on)
. COUNTY	Freder:	ick	MARYLANI	A STATE	Maryl		b. COUNTY		deric	
b. CITY OR TOW	N (If outside corporate limits, wri	e RURAL	c. LENGTH OF STAY IN 18	c. CITY OF	TOWN (If outs	ide corporate	limits, write	RURAL ond give no	earest town	)
and give neares	Rout e 340				rederi					
	SPITAL OR INSTITUTION	If not in ho	spital, give street address)	d. STREET	ADDRESS				e. IS REST	
1 M430	West of Je	ffon	son-Fred. Co	100 1	incolr	Apts			YES	FARM?
3. NAME OF	Fi		Middle	Los	4. E	ATE	Month	Day	Yea	
(Type or print)	Phillip	Ca	lvin Swann	Jr.		DEATH	1	10	19	
5. SEX	6. COLOR OR RACE		ED NEVER MARRIED	8. DATE OF BIRT	H	9. AG	E (in years	IF UNDER TYEAR	IF UNDER	
Male	C	WIDOWE		Nov. 10		24	birthday) yrs.	Months Days	Hours A	Ain.
10a. USUAL OCCU	ATION (Give kind of work	done 10br	KIND-OF-BUSINESS-OR-INDU	STRY 11. BIRTHPI	ACE (Stole or fo	preign country)		12. CITIZEN OF	WHAT CO	DUNTRY?
Hospit	orking life, even if retired) al Attende:	nt-Fr	ederick Mem	or. Fr	rederic	k, Ma	rylar	nd U.S	5.A.	
13. FATHER'S NAM	E			14. MOTHER'S	MAIDEN NAME					
Philli	o C. Swann	Sr.		Clara	a V. Sn	nallwo	od			
	EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Addings	derick	Md.	
	ean Conflic	t	Unknown I	hillip	C. Swa	ann Sr		Carver		
1B. CAUSE OF	DEATH [Enter only one co	use per line						INTER	VAL BETWEEN	
PART I.	DEATH WAS CAUSED BY:		Fractured S!	7117				ONSE	T AND DEATH	
977	DUE TO							=3 1 1		
Conditions,	if ony, which) (b									
gove rise to it	nmediate couse DUE TO									
couse lost.	(c									
PART II.	OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE CON	DITION GIV	EN IN PART 1(0)	P. WAS AU	
3										10 🛭
CAUSE OF DE	CAUSE WAS CONTRIBUTING []	Autom into	E HOW INJURY OCCURRED.  TO STORY OCCURRED.  TO STORY OCCURRED.  TO STORY OCCURRED.	d 340 recomple	njury in Port I or oute mi telv un	Port II of item le eas set la	t of	Jefferso	n, ra	an
3 20c. TIME OF	NJURY Month, Day, Ye	or 20d.	INJURY OCCURRED 20e. PI	ACE OF INJURY	Home, form, 12			(County)		(Stote)
20c. TIME OF I	m. Jan 10 19	60 of w		te 340		Jeffe	rson	Frederi	ck	Md.
			remoins described at				tion K.	Inquiry X		
		-	Accident S		lomicide [		Maga.	ause .	and m	TO THOS
	0 3	1	7575							
ACTUAL	15016	107	7222	M.D. CHIEF	MEDICAL EXAMI	NER 🗌			DATE SIG	NED
					NT MEDICAL EX	CAMINER [		Tonilons	70-	30
EXAMINER'S NAME (Type)	B.O. Thomas	3		DEPUTY	MEDICAL EXAM	AINER-		January	10-	00
220. BURIAL, CREM	ATION, 22b. DATE THERE	OF .	22c. NAME OF CEMETERY C	R CREMATORY	22d	LOCATION (	City, town, o	or county)	(Stote)	
Burial Burial	1-12-6	0	Fairview		F	rederi	ck, I	Maryland	i	
23. FUNERAL DIREC			ADDRESS		240. REC'D BY	REGISTRAR		TRAR'S SIGNATUR		
C.E.Hic	ks Ill Fr	eder	ick, Maryla	nd	DATE	1 2 00	a	ilhur S. Than	r.s.	

	87 SEQMETIAS - HTUACH TO THEM TRATEGETATE QUALITIES
	The state of the s
	LINE ME TO THE RESIDENCE OF THE PARTY OF THE
CARRET MANAGER	
	The same of the sa
	Control of the Contro
	A TOTAL PROPERTY AND A COURT OF THE PARTY OF
	to a market to the state of the

•

M

VS A1S (4) 1SM 9/S8

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0631 CERTIFICATE OF DEATH

nas	Dist.	No	

00677

					Reg.	Dist. No.
1. PLACE OF DEATH		Market All	2. USUAL RESIDENCE (WH			dence before admission)
	rederick	MARYLAND	Marylar	nd	b. COUNTY F	rederick
	(If outside carporate limits, v	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside carporate li	mits, write RURAL ar	nd give nearest town)
	Heights	3 months	// F	rederick		
OR INSTITUTION			d. STREET ADDRESS		. 2 Ct	e. IS RESIDENCE ON A FARM?
		ent and Rest Home	227 I	_	nd Street	YES NO
3. NAME OF DECEASED (Type or print)	First James	Charles Thomas	Last	4. DATE OF DEATH	Month January	Day Year 31 19 60
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH			DER 1 YEAR IF UNDER 24 HRS.
Male	White W	DOWED DIVORCED	Dec. 29,1868	3	91 yrs. Manth	s Days Hours Min.
10a. USUAL OCCUPAT during most of wo	ION (Give kind of work dans trking life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12.0	CITIZEN OF WHAT COUNTRY?
Reti		Farmer	Marylar	ad		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
	Charles A.T	homas	Miranda	Geisber	t	
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCES		INFORMANT		Address	
no. or onknown)	(if yes, give wor or odies or service		rs Edith Thoma	as 227 E.	Second St	reet,Fredk,Md
18. CAUSE OF DE	EATH [Enter anly ane couse	per line far (o), (b), and (c).]	67		-	INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Mult, Ala	17 lessure	2 74	cers	ONSET AND DEATH
2/24	DUE TO	The same				
Canditians, if		O alsome on	Consende	col On	wxche	25/21/1
gave rise to	immediate	- Carrow Cay	- Ferren of	77	,	7507
cause (a), stating		- 50 11 81811	1. XT, 200	r Moni	711,00	1 melles
lying couse last		ONS CONTRIBUTING TO DEATH BU	TAIOT BELATED TO THE TERM	J V / CCO	DITIONSONS	ART 1(a) 19. WAS AUTOPSY
NO PART III O	Wanne	ONS CONTRIBUTING TO DEATH BU	traveller	MAL DISEASE CON	u cell	PERFORMED?
20a. ACCIDENT V	VAS UNDERLYING ☐ 206 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I ar Part II af	item 18.)	
	•		ACE OF BUILDING	Tank vet		
20c. TIME OF INJU			ACE OF INJURY (Hame, form ctary, street, affice bldg., etc.		wn)	(Caunty) (State)
p. m.	10	at wark at wark				
21. L certify	that 1/attended the de	eceased from Jun	2_, 1959, ta	Lan 3	19 That I	last saw the deceased
alive an	6/01/5	00		1		the date stated above.
dire dii		iz 3, dila illai dedil		ADDRESS (Street, o		DATE SIGNED
ACTUAL	17, 21	14110	1/00/		25 AA 2	7 1 1/2
SIGNATURE		· · · · ·	M.D.			
PHYSICIAN'S NAME (Type)	A.T.Brice	MD	Jeffe	erson, Md	•	
22a. BURIAL, CREMATI	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (	City, tawn, or count	y) (Stote)
REMOVAL (Specif	2/2/60	Mt.Olivet C			ick. Md	
23. FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE
M. R. E. C.	urson and Sou	Frederick, Md.	DATE	3 '60	arilun S	. Tiralla

APPEAR OF THE TANK AND A LOSS OF THE PROPERTY OF THE PARTY. The second section of the second section second section sectio A THE REPORT The second secon The content of the co

this this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a fourial positive permit.

A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 1 FilmG255 1-27-60 et CERTIFICATE OF DEATH

00678

0682	IIFICATE	OF DEA	Reg. Dis	t. No
1. PLACE OF DEATH				
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASE	ED
COUNTY FREDERICK	MARYLAND	ISTRIFF KYLH	ND COUNTY-RE	DERICK
CITY (If oulside corporete limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corpora	ate limits, write RURAL and give na	parest town)
OR and give nearest town)	DAYS	1/ TOWN FRE	BERICK	
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give location)	)
STREET ADDRESS Private home		700 W.	TTH. STR	EET
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) BESSIE BE	LIF IRL	UNDLE	DEATH TAN	18 1960
5. SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED, DIV		F BIRTH 9	. AGE last birthday   IF UNDE	R 1 YEAR   IF UNDER 24 HRS.
FEMALE WHITE Specific OV	VEN BOAF	PRIL 1884	75 yrs. Months	Days Hours Min.
Total Cookie Coccolition (Give Ante di Work   100. All	10 01 003111533	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT
done during most of working life, even if Setting 1 1 5 7 R E S S	RINDUSTRY	MADVILL	1/1	COUNTRY?
13. FATHER'S NAME	51000	14. MOTHER'S MAIDEN N	AME	1.0.
JOSEPH NULL		MARGAI	RET ECKE	= D
	S. SOCIAL SECURITY NO.	17. INFORMANT & AL		1111
(Yas, no./or unk.) (If Yas/give war or dalas of service)	VONE.	MOS WIP	WELL WALVI	= DSI/11 LE
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	WIZHR HAND	INTERVAL BETWEEN
	11	1		ONSET AND DEATH
420. IMMEDIATE CAUSE (A)	unary Alun	iprelime.		10Men
ANTECEDENT CAUSE(S) DUE TO	in all the	Ca. A. moreace	Sies de la constante	5000
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING INDEPLYING CAUSE LAST DUE TO	an account		- Continue	- Jagueras
STATING UNDERLYING CAUSE LAST. DUE TO				0
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
198. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
218. ACCIDENT WAS UNDERLYING   21b. PLACE (Hom OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street,	e, farm, factory, office bldg., alc.)	1c. WHERE DID INJURY OCCUR	(Coty or lown)	unty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. Whi		21f. HOW DID INJURY OCCUR	?	
M, at w				
22. I hereby certify that I attended the dece	ased from ASA	19 50 to 11	18 19.60 that	I last saw the deceased
alive on, 19				
SIGNATURE			ESS (Street, city, town, stete)	DATE SIGNED
Sures Bone	M.D.	Walker	sirlle Mid	1/19/10
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or count	ty) (Stete)
BURIAL 1/21/60	STLUKES	MEN	FERGUNI	= MA
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. EUNERAL DIRECTOR'S S	GNATURE	ADDRESS
Circling & Thrond		Lecremer 1	Towell Wood	asvoro ma

MARYLAND STATE BEFARMING OF HEALTH STATE CHARYSAM

## DERTHECATE OF DEATH

S I Private	
	S. STONE OF STATE OF THE STATE
	一、1、四十二、221
	After and the view opposite the

may be retained by TO FUNERAL DIRECTOR: TO HOSPITAL OR AT

VS A15 (4) 15M 9/55

M

069

		06	50	CERT	IFICA	VIE OF D	EAIH				Reg. Dis	t. No.	0.0	0 4 0
	PLACE OF DEATH	ick		MAR	YLAND	2. USUAL RESID	CALL	ere deceased		institution OUNTY	Residence	le before	e admiss	ion)
	b. CITY OR TOWN (If outside RURAL and give nearest to	corporate limits	, write	c. LENGTH OF STAY	1 IN 16	c. CITY OR T	TOWN (IF OU	utside carpor	ate limits,	write RU	RAL and g	jive near	rest town	12
	d. NAME OF HOSPITAL (IF no OR INSTITUTION	Merry	re street a	ddress)		d. STREET A	DDRESS						ON A	FARM?
3.	NAME OF DECEASED (Type or print)	First \	NILI	. Middle	W	ACHTE	e	4. DATE OF DEATH	Je	Month	6	Day		Year 1960
5.	SEX 6. CO	1	7. MARRIE	DIVORC		S. DATE OF BIRTH	6 18	76	9. AGE (I		F UNDER Manths	Days	Haurs	Min.
100	during most of working life,	kind of wark de even if retired)		. 0 .	OR INDUS	TRY 11, BIRTHPL	ACE (Stote o	or foreign co	untry)		12. CIT	IZEN OI	S.A.	COUNTRY?
13.	FATHER'S NAME	11)006	2 to se	woo yum	<del>yncga</del>	14. MOTHER'S	MAIDEN N	AME Colo	len	to			1/	
	WAS DECEASED EVER IN U.	S. ARMED FORCE war or dates of ser		OCIAL SECURITY NO	0. 17. 11 m	MORMANT	rtz	Sugar		Addre	None	ik.	R	5 m
	18. CAUSE OF DEATH [En		se per line	e for (a), (b), and (c)	)·]	- of i	16 6	Prose	te			INTE	RVAL BEET AND	TWEEN
	/77 X Conditions, if any, whi	DUE TO											1	
	gove rise to immedia cause (o), stoting the <u>und</u> lying cause last.	ate ( DUE TO						0						
CATION	PART II. OTHER SIGN	NIFICANT COND	OITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDIT	ION GIVE	N IN PART	T 1(a) 15	PERFC	AUTOPSY ORMED?
CERTIFI	20a. ACCIDENT WAS UNDE OR CONTRIBUTING [] CAU (IF EITHER, NOTIFY MEDICA	ISE OF DEATH	20b. DESC	RIBE HOW INJURY	OCCURRE	), (Enter nature a	if injury in P	art I ar Part	II of item	18.)	A.F			
MEDICAL	20c. TIME OF INJURY Mon Hour a. m. p. m.	th, Day, Year 19	r 20d. IN While of work	JURY OCCURRED Not while of work	20e. PL	ACE OF INJURY (I story, street, office	Home, farm, e bldg., etc.	20f. (City	ar tawn)		(0	County)		(State)
	21. I certify that I a alive an	ttended the	decease _, 19_6	d fram	t death	occurred at		AM, from	the co	iuses ar	nd an th		e state	deceased ed abave ATE SIGNED
	ACTUAL SIGNATURE	of 8	1	umar	1	M.D. 7 E.	CH	IRCH	- 5	T:		/	-7	-60
22	PHYSICIAN'S NAME (Type) COBI	DATE THEREOF	, /	LIRNE IZ	WETERY O	P CREMATORY	REC	DERI 22d. LOCAT	C/C	lown or	1 d		(Stat	(6)
L	REMOVAL (Specify)	110/60		Utica	Cens	eterry	-64	Utic BY REGIST	a,		RAR'S SIC	SNATIO	n	rd.
23	& C. Barter		Wal	kersvil	le.	md.	DATEAN	1 1 '60	24		4 8. M			

	Total Composition of the Composi
	Townsolut
	The species of the second of t
	The second of th
The second secon	
	THE THREE PROPERTY OF
in the latters was will not been remain with sport of the Company	
And	

Page death. ofter within death certificate the TO HOSPITAL

nent plant in the second of th	CERTIFICAT
	A CHANGE TO A CONTRACT OF THE
07.71.812	
and the contract of	
	Control of the contro
notween the Kill of the of the series	
	TOTAL CONTRACTOR OF THE STATE O
	The settler of the se
edir balanceron, etti En Sea espano Arti eroni, Ale SC, I.e. in franco del SAN	
	OR STREET LEADING AND THE SECOND TO
multiplicate would be a made to end on the	THE CONTRACTOR OF THE CONTRACT

ž

VS A15 (4) 1SM 9/S8 

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	}

0683 CERTIFICATE OF DEATH

Reg. Dist. No. 00681

1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE	(Where deceased liveryland	b. COUNTY		ire admission)	
RURAL and give ne	foutside corporate limits, write carest tawn)  noxville, Md.	c. LENGTH OF STAY IN 16		(If outside carporate  Knoxvill			arest tawn)	
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital, give street	address)	d. STREET ADDRES		e , 11a .		e. IS RESIDEN ON A FAR YES NO	SW5
3. NAME OF DECEASED (Type or print)	Robert I	Middle Washin	gton	4. DATE OF DEATH	Mon Januar			60
s. sex Male	6. COLOR OR RACE 7. MARK	_	8. DATE OF BIRTH Feb. 29.	9. /	AGE (In years ost birthdoy) 3 yrs.	Manths Days	+	HRS.
10a. USUAL OCCUPATION during most of work Retired F	ON (Give kind of work done 10b.	kind of ausiness or indu		itate ar foreign count	γ)	12. CITIZENO USA	F WHAT COUN	ITRY?
13. FATHER'S NAME	rt Washingtor		Leah V					
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	illiam Was		- Knc		. Md.	
PART I. DEA  450.0  Conditions, if a gave rise to it cause (a), stating lying cause last.	mmediate ( DUS TO	rfered	T NOT RELATED TO THE TI		ONDITION GIV	ON	IP. WAS AUTO PERFORMEI YES   NO	OPSY D?
G (IF EITHER, NOTIFY	MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	D. (Enter noture of injury			(Caunty)		(State)
20c. TIME OF INJUR Haur a. m. p. m.	While	6-	ictory, street, affice bldg.	, etc.)		(303)		
21. I certify the alive on ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) T	of I ottended the decease 19	A .	M.D. Brunswi	M, fram the ADDRESS (Street C. Mary.	causes an	state)		GNED
22a. BURIAL, CREMATIO REMOVAL (Specify) BUPIAL	N. 226. DATE THEREOF  Jan. 4,1960	22c. NAME OF CEMETERY CO. Union Ceme	OR CREMATORY	22d. LOCATION		or county) Le, Vir	(State)	
23. FUNERAL DIRECTOR	SSIGNATURE	address wick, Marylan	12.00	JAN 5 '60		rthun S. Ku		

per tries where it is a second second 2 7 5 

VS A15 (4)

15M 9/5B

arthur S. Krays

DATE

1990 Fredomick Blanks trederick Frederick - Champie Historia Att. 6 - 1820 Com RAYMOND Mannoe West Township Lakerer - Line Combany Traderick Co. Md. Bearde West Frances Snowden Note the bound from the state of the testing the The state of the s The state of the s BRAINE 1-10-60 BATEXINGLE FEED CON MED. CIE HENS HE TO CARPINE HE SHELL THE SHELL THE

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		1930	CERTIFICA	ATE OF DEATH
ACE OF DEAT	H Frederick		MARYLAND	2. USUAL RESIDENCE (When

00683

	I K M A		Keg. I	Dist. No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	6 COUNTY	ence before admission)
b. CITY OR TOWN (If outside corporate limits, win RURAL and give nearest town)  Braddock Heights	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp  //  Frederic		d give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give s OR INSTITUTION Vindabona Convalescen		d. STREET ADDRESS 1613 Shookstow	n Road	e. 15 RESIDENCE ON A FARM? YES NO.
3. NAME OF First DECEASED (Type or print)  JOSEPH	Middle IINE ELLEN	WOODCOCK 4. DATE OF DEATH	Month January	Doy Yeor 1, 19596
	MARRIED NEVER MARRIED 5	May 18, 1870	9. AGE (In years leading lost birthdoy) Months	ER I TEAR IF UNDER 24 MKS.
10a. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired) HOUSE—WOYK	10b. KIND OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (Stale or fareign Mass.	country) 12. (	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Moses P. Greenw	rood	Georgia Wh	itney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown)  No		rs. Mary W. Partdr	Address ige—Same as i	tem #2
18. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ULE TO	Broncho-The	umonia CUD		INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost. (b)	Cerebral a	arterio-scler	osis	5 yours
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  COR				ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO.
	. DESCRIBE HOW INJURY OCCURRED	e. (Enter noture of injury in Part I or Pa	ort II of item 18.)	
Hour o.m.	Nod. INJURY OCCURRED 20e. PLA While Not while t work of work	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	ty or town)	(County) (Stote)
21. I certify that I attended the decalive an DEC 31.				I last saw the deceased the date stated above.  DATE SIGNED  1/2/\$
PHYSICIAN'S Berhard O. Tho		Frederick, Mar	V	
20. BURIAL, CREMATION, REMOVAL (Specify) Jan.2,1960		Crematory Bla	ation (City, town, or county densburg,	Maryland
M. R. Etchison & Son, F	rederick, Marylan	240. REC'D BY REGIS	STRAR 24b. REGISTRAR'S	

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages? Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

100

VS A15 (4) 15M 9/55

	ADRITS AD		
The state of the s	CONTRACTOR OF THE PARTY OF THE	Sufreneri	
alo spina.		1447.4	
	Cinema lose		
A CONTRACT THE PARTY OF THE PAR			
you have in any took		ominative di gene	
o. The making our established to the con-			
			1
and the second trapping of the second trapping of the second of the seco			
Co/_/_			
personal personal amount of the personal persona		260 4400 27	